

**Child care by choice or by default?  
Examining the experiences of  
unregulated home-based child care for women in paid work and training**

**By**

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Dedicated to Adam and Kate, my joy and my inspiration, whose ever-ready hugs sustained their mommy through all of the 'homework'.

You make me so very proud. I hope that one day you will be proud of Mommy too.

## **Abstract**

This thesis aims to uncover the dynamics, causes and outcomes of women's reliance on unregulated home-based child care in Ontario, Canada, and the implications of this form of care for women's equality. Drawing on a longitudinal qualitative study, I examine the diverse experience of 14 women using home-based child care and engaged in both paid work/training and care work for children under the age of six, and draw comparisons with users of other forms of child care. I argue that home-based child care involves high levels of instability for continuity of care and is chosen largely as a default position based on economic considerations. It represents a compromise between the demands of social reproduction and paid work/training that entangles mothers in relations of exploitation with care providers. Doing so leaves both mothers and care providers socially and economically vulnerable and relying on social networks to fill in the gaps.

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## **List of Acronyms**

**B&A** Before and After School Program

**CAP** Canada Assistance Program

**CHST** Canada Health and Social Transfer

**CMSM** Consolidated Municipal Service Managers

**CRRU** Childcare Research and Resource Unit

**CST** Canada Social Transfer

**DNA** Day Nurseries Act (Ontario)

**DSSAB** District Social Services Administration Boards

**EI** Employment Insurance

**ECE** Early Childhood Educator

**ELCC** Early Learning and Child Care

**EPF** Established Programs Financing

**ESR** Ensuring Social Reproduction study

**JK/SK** Junior Kindergarten/Senior Kindergarten

**MCYS** Ministry of Child and Youth Services (Ontario)

**NLSCY** National Longitudinal Survey of Children and Youth

**OCB** Ontario Child Benefit

**OCCS** Ontario Child Care Supplement for Working Families

**OECD** Organization for Economic Co-operation and Development

**UCCB** Universal Child Care Benefit



## Chapter 1: Introduction

The demand for child care beyond the confines of mother-child in the private sphere has risen sharply over the last several decades. Where for a time women were presumed to be the unpaid caregiver full-time in the home and provided for by a male breadwinner, with shifting labour market patterns and family forms, women now make up a major portion of the labour market. Despite a cultural and economic aspiration to conform to a male-breadwinner/female-carer family form during the early post-war period, this ideal did not, even in its heyday, match the experiences of many (Lewis 2003; Garey 1999). The male-breadwinner/female-carer form was a historically specific, usually white-middle-class ideal. This family form masked the extent of women's engagement in paid labour, which was left largely unrecognized (Garey 1999). The male-breadwinner model has today been displaced by an 'employability' or 'adult-earner' model (Cameron 2006) in which women and men are both significantly tied to the wage labour market.

The change in Canadian women's labour market participation, especially for women with young children, has been dramatic, rising steadily since the 1970's. Since the 70's, the number of women with paid employment has doubled. Women accounted for 47% of the Canadian workforce in 2004, including 73% of all women with children under age 16 living at home and 68% of women who were lone parents (Statistics Canada 2006a: 105-107). Of this group, 3 out of 4 were employed full time (*ibid*). In contrast, women made up 37% of the workforce and only 39% of women with children

under age 16 were employed in 1976 (*ibid*). At that time, labour market participation of all women with children under age 3 was just 28%, 37% for women whose youngest child was aged 3 to 5, and 39% of women with children of school age (*ibid*). By 2007, the number of employed women with very young children had risen to 69% of all women with children under age 3 and 77% of women whose youngest child was aged 3 to 5 (CRRU 2009). This number rises to 84% of women with children of school age (CRRU 2009). By 2003, women's earnings in dual income families represented an average 34% of household income, with women as the major breadwinner in 28% of dual-earner families (Statistics Canada 2006a: 140 -141). These trends are not unique to Canada, but are consistent with other OECD nations (OECD 2005; Lewis 2003).

International comparisons of public child care and family policies show the degree of variation in policy paradigms and the attendant outcomes for both women and children. Though Canada ranks among the highest in terms of levels of women's labour market participation rates among OECD nations, Canada is comparably weak in policy supports for work-family, especially in relation to young children (OECD 2005; Doucet and Merla 2007; Lambert 2008; Henderson and White 2004; Lewis 1992). In fact, UNICEF (2008) ranked Canada an embarrassing 25<sup>th</sup> – the bottom ranking among 25 developed OECD countries on early childhood education and care quality, access, financing and policy. Though more equitable models exist, both for quality of child care and for gender equality, Canada opts not to explore these and thus lags behind (OECD, 2005; Friendly, 2004; Prentice, 2001), spending less than half other developed nations' GDP expenditure on early learning and child care (Doucet and Merla 2007: 457).

Large numbers of women entering the labour market has meant shifts in how carework is accomplished. Increased use of non-parental –or more specifically, non-maternal- child care is part of that shift. To enable their labour market participation, unlicensed home-based child care arrangements are relied on extensively by large numbers of Canadian women. Despite its prevalence, surprisingly little scholarship examines the experience of parents managing and employing this particular form of child care in Canada. My research examines the experiences of employed women and women in training who are using unlicensed home-base child care providers in Ontario. The study of this group considers the implications of unlicensed home-based child care arrangements for women's equality and contributes to public policy debates and understandings about the links between gender, work and child care policy.

### ***Why study home-based childcare in Ontario?***

Child care research often focuses on traditional child care centers which are more easily accessible for research purposes. Yet the majority of Canadian children do not attend center-based child care. The number of child care spaces does not meet the demand and child care centers typically do not accommodate the need for the increasingly flexible or irregular hours demanded by the labour markets of post-industrial capitalism, nor do they offer child care for workers whose schedules do not conform to full week (Monday to Friday) 9-5 hours. I argue that, under an employability model which presumes all adults as available to the labour market (Cameron 2006), parents' child care decisions are often at least as much based on balancing work-life

responsibilities and economic costs as they are weighed against securing the optimal quality of care for their children. In Canadian society outside of Québec, the high cost of child care is a private responsibility of parents or guardians rather than a social responsibility, with the availability of regulated and/or subsidized care by far the exception rather than the norm (Friendly and Prentice 2009; Prentice 2001; Madsen 2002; Friendly 2004). In an era of increasing non-standard employment (Vosko 2009), job insecurity and a highly mobile workforce often distanced from networks of support, it is unsurprising that there are myriad of want ads seeking to secure or provide informal home-based arrangements.

Child care researchers and advocates Martha Friendly and Susan Prentice (2009: 33) suggest that a substantial gap in academic attention to unlicensed child care provision exists:

Regulated child care covers only a small portion of children with working mothers. ...[P]rivate arrangements organized between the caregiver and parents supply the bulk of child care for Canadian children. We have no data showing how many children are cared for by a grandmother or an aunt, an unregulated family childcare provider, a nanny or a combination of these. Despite the high numbers of children in unregulated care, no recent Canadian research has explored its quality.

The phrase 'home-based child care' by itself may be understood to include a range of paid or unpaid familial (either inter-or intra-household) arrangements such as care by older siblings, parental/guardian off-shifting, or other relative care (e.g. grandparents) as well as non-familial paid/bartered arrangements. For the purposes of this thesis, I use home-based child care<sup>1</sup> to refer specifically to caregivers providing paid

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<sup>1</sup> Where applicable in discussion, I also identify the terms used by the original author/source.

private, unregulated, home-based, non-familial child care services. This group is also referred to as day-home childcare, home childcare, or family childcare in other literature, or more colloquially, babysitters. I specifically employ the term 'home-based' to identify the nature of the caring environment as well as to avoid what I perceive to be misleading connotations implied by some of the other terms used to describe this form of childcare provision. For example, though typically occurring within a family's home, the term 'family childcare' implies a familial relationship between the caregiver and child in their<sup>2</sup> care or the parent/guardian of said child, which is very often not the case. 'Home childcare' infers the inclusion of nanny care that occurs within the child's home, possibly to the extent of excluding the home-based providers that are the focus of this discussion. Further, the term 'babysitter' is less reflective or respectful of the work of ongoing care provision and implies occasional one-off relationships and arrangements such as for an evening out. By contrast, the services of home-based caregivers typically occur in the provider's home on an ongoing basis. Their services are often advertised in local bulletins, newspapers, flyers and regionalized online postings or reached by social network referrals such as neighbours, family and friends. This particular form of childcare is difficult to discern in statistical data, their numbers lost in such broader categories as described above. Official estimates as to the extent of home-based child care vary widely. In fact, most reports and studies that address all types<sup>3</sup> of regulated

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<sup>2</sup> Throughout this thesis, my use of they/their/them as singular pronouns is intentional. See Ann Bodine's *Androcentrism in Prescriptive Grammar: Singular 'They', Sex-Indefinite 'He', and 'He or She'* in Deborah Cameron's *Feminist Critique of Language* (1998) for linguistic arguments in support of this form of gender neutral language.

<sup>3</sup> These include, for example, regulated center-based child care, home-based child care, preschool, B&A programs, and kindergarten.

early childhood education and care include little to no acknowledgement of the extent of the 'grey market' providers.

Status of Women Canada's (2000) *Dynamics of Women's Poverty in Canada* report identified high quality, affordable, and accessible public child care and generous, equitable maternity and parental leave provisions as the two foremost policy needs in order to improve women's equality and reduce poverty in Canada (in Madsen 2000). However women's role in the formally-recognized realm of production has not been matched in Canadian policy by support of their continuing role in the under-recognized realm of social reproduction. Instead, Canadian policy is piecemeal and fragmented by federal transfers, provincial allocation and predominantly private sector (non-profit, commercial and 'grey-market') delivery<sup>4</sup>, relying on the market and families to provide child care. Such an approach, combined with incoherent, shifting policies, and under-funding results in wide variations in quality, access and affordability of care (Friendly 2004; Prentice 2007; Prentice 2001). While universal, high quality, affordable child care is not the only piece of the solution, its absence leaves a void that the other policy alternatives are not able to fill.

Using the language of 'choice', such as the 'choice' to have children or the 'choice' to engage in paid or unpaid work, the neoliberal ethic of 'independence' and 'self-sufficiency' has set up a false proposition that social problems are *individual* problems. This ethic has reduced solidarity among women across classes and ignored the reality of interdependence (Folbre 2008; Bezanson 2010). The degree of 'choice' in

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<sup>4</sup> With the exception of Québec. Québec passed and implemented a regulated and subsidized universal child care program as of 1997.

determining care for children is constrained by social, policy and economic factors. I argue that these constraints are especially important for mothers of young children, when long waiting lists<sup>5</sup> for child care are the norm, professional quality care is scarce and costs can be exorbitant. Complicated further by their own employment requirements, employer demands and child care facility schedules, many women find themselves in positions where, due to child care costs and/or availability, quality regulated child care is frequently not an option.

Care outside the home with a non-relative remains by far the most common form of child care arrangements for children age 6 months to 5 years in most provinces<sup>6</sup>. Publicly funded childcare remains (with the exception of Québec) a welfare measure. Whether administered by the province or, in the case of Ontario- the municipality, subsidized childcare is targeted to low income households, subjected to stigmatizing needs or income testing, and largely contingent on employment or training with varying levels of standards, requirements and accessibility. The only universal Canadian 'child care' program is a nominal taxable monetary benefit, but not a national program for early childhood education and care (Bezanson 2010) and considerable literature demonstrates the unequal distribution of quality child care in Canada, particularly as a function of class (Doherty, Friendly, and Forer 2002; Friendly 2004; Prentice 2007; Vincent, Ball and Kemp 2004). Given that "regulated child care is often too costly for ordinary families or not sufficiently high quality to be considered 'developmental'"

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<sup>5</sup> In center-based child care especially, but also at times for home-based child care as well.

<sup>6</sup> The two exceptions being Quebec (see above), and Newfoundland, where the care type of highest percentage was 'in own home with a relative' at 29.6% (Statistics Canada 2006a).

(CRRU 2009: xi), I contend that despite a considerable rhetoric of ‘choice’ in child care, parents, particularly mothers, are effectively left to fend for themselves.

### ***The project***

I employ insights from the concept social reproduction as developed by feminist political economists (FPE) to provide the backdrop for understanding the social relations of women’s paid and unpaid work. This understanding is foundational to my exploration of child care policy and the experiences of women in the labour market using unlicensed home-based child care providers in Ontario. Using longitudinal data collected between 2006 and 2007 from 28 households, my research focuses on 14 of these households using home-based childcare and draws comparisons with users of other care types. I examine how women come to use unregulated, home-based, non-familial child care, their experiences in acquiring and managing child care arrangements, and the implications for women’s equality of relying on child care of this type. I further reflect on the ways in which public policy, divisions of labour, child care needs, and workplace demands shape women’s decisions. Finally, I explore what can be gleaned about the quality of care children receive in these care arrangements.

In addressing these questions, my thesis is organized in the following manner. This chapter provides an introduction to the topic of home-based childcare and the research questions posed; chapter 2 reflects on key aspects of feminist political economy, the theoretical framework of my analysis; chapter 3 examines the Ontario child care context, including federal and provincial public policy and home-based



childcare, and considers the application of concepts of feminist political economy for child care and social justice; chapter 4 describes the methodology and research methods employed in the collection and analysis of data under consideration. The fifth chapter provides an overview of the characteristics of participants in the sample and profiles those identified as using home-based child care. The sixth chapter offers an analysis of aspects arising from the child care data, including characteristics of non-parental child care type as well as the characteristics of individuals' resources involved in 'choosing' home-based child care. The final chapter discusses the implications of these for women managing home-based child care arrangements, paid work and care work, draws conclusions based on the research findings, considers the implications of current public policy developments and directions for future research.

By examining the experience of unregulated home-based child care for women in paid work, we will be better positioned to respond to the following: is the most predominant form of child care in Canada truly one of 'choice' or is it one of default?

## **Chapter 2: Theoretical Framework: Feminist Political Economy**

Feminist political economy informs much of the discussion of the relationship between the gendered work of social reproduction in caring for children and the economic and political structures of distribution that shape child care policies. Political economy is an interdisciplinary field that endeavors to take a holistic approach to society by examining the interplay of people as influenced by structures of power in material, political and social relationships (Luxton 2006). Mainstream macroeconomics has tended to focus only on the market as a site of production in both measurement and analysis and the household as simply a site of consumption (Folbre 2008; Razavi 2007). This assumes both the labour force and the requisite social capital of the labour force as givens, or 'externalities' of the economic system (Elson 1998). Yet labour is itself produced in the domestic sector through the work of social reproduction. More than merely a site of consumption, the household is an integral (re)productive entity of the political economy. The interconnected sectors --private (market), public (state), domestic (household) and, in more recent analyses, voluntary (community, non-profit)-- are a fully integrated flow of output and input values, the output of each sector providing input to each of the other sectors (Elson 1998; Razavi 2007).

Many of the insights of feminist political economy stem from roots in Marxism, Marxist feminism and socialist feminism. Of particular importance is the nature and construction of women's role in social reproduction. Marx identified two dimensions of social reproduction (Cameron 2006). The first involves the maintenance and repair of

means of production, i.e. that which is used to produce goods, including the instruments of labour such as tools, factories, raw materials and the natural environment (Zarembka 2000). The second dimension of social reproduction refers to the daily and generational recreation of the population; that is, sustaining the existing and creating the next generation of workers that enables the capacity for labour power (Cameron 2006).

Social reproduction includes child bearing and care for children, the ill, the disabled and the elderly through physical and emotional nourishing and nurturing. Social reproduction is also instrumental in the transmission of material and cultural capital, reproducing the skills, knowledge and ethos of a people that sustains a value system necessary for private property and accumulation of wealth (Elson 1998; Cameron 2006).

This work occurs mainly in the domestic realm, has historically been predominantly unpaid and remains overwhelmingly performed by women (Acker 1988; Folbre 2008; Luxton 2006; Porter 2003). As the domestic labour debates of the 1960s-1970s identified, under capitalism, the unpaid labour of women in the domestic sphere creates surplus value<sup>7</sup>, thus contributing to capitalist accumulation (Razavi 2007; Bakker 2007). In feminist political economy, it is this second aspect of social reproduction that is the focus of concern.

A longstanding and ongoing feminist critique of mainstream political economy has been the continued under-recognition and under-theorization of the role of social reproduction in the domestic sector of the economy, particularly on a macro-level scale. Definitions of productivity have been delineated by virtue of production for the market

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<sup>7</sup> Surplus value: value realized through unpaid labour (Marx, in Zarembka 2000).

versus production for personal consumption (Folbre 2008), or as paid versus unpaid work (Razavi 2007), both of which have served to exclude much of social reproduction and the domestic sector. Feminist political economy, then, applies a gender-based analysis to production and social reproduction through the distribution of labour and goods in economic, political and domestic structures (Cameron 2006). This perspective examines ways in which gendered hierarchies are both constituted and reproduced through the labour market economy, state policies, and gendered divisions of labour (Luxton 2006; Luxton and Corman 2001; Bezanson and Luxton 2006) in conjunction with multiple intersections of systems of oppression such as race, class, sexuality and ability. This approach makes visible women's subordination and takes these social relations to be key to understanding the nature of women's inequality under capitalism.

Social reproduction has both a critical role to play in and is profoundly affected by the historical material conditions of the mode of production and gender order, transforming *vis a vis* capitalism over time (Bakker 2007). Gender order, defined as the 'set of social relations characterized by a sexual division of labour and gender discourse that support that division' (Cameron 2006: 47-48) is institutionalized in the family, labour market and state policy. Though socially gendered, the work of social reproduction is not *inherently* gendered, and can be done at different times by different social actors in different ways (e.g. unpaid work intra- or inter-household, by the state or voluntary sector, or by the market for a price) (Bezanson 2006).

Social reproduction depends on access to requisite inputs which is accomplished through some form of exchange (income, barter, access to arable land) (Picchio 1992).

Under capitalism, social reproduction then includes the *transformation* of 'wage goods' into the necessary inputs such as food, clothing, shelter, time, and other needs particular to the social/historical context that make up a society's standards of living (*ibid*). Standards of living are culturally and historically determined, therefore reflect needs particular to the social, political, and historical context. (Picchio 2003; Picchio 1992; Cameron 2006).

Barbara Cameron (2006) describes production and social reproduction as a unity of opposites in a dialectic relationship of capital accumulation. In a constant tendency towards social and economic destabilization, tensions between production and social reproduction are most noticeable when instability is high and less so or unnoticed when temporarily stabilized. The needs of people and of capital are constantly in a state of tension, in that maximization of both profit and standards of living are generally at odds (Picchio 2003; Cameron 2006). The extent of distribution or concentration of the work of social reproduction in given sectors is determined through processes of negotiations over power and resources, between labour and capital and between men and women, varying by degrees of compromise and accepted inequality within a given society (Picchio 1992; Cameron 2006; Bezanson 2006).

Social reproduction can therefore be understood as both a process and a task, reproducing both the system and those who make up the system. In a capitalist economic system, the work of social reproduction: provides (produced) labour to production; increases profitability by subsuming cost through unpaid work; in large part drives demand for and consumes wage goods; is largely dependent on wages to access

the means (inputs) of reproduction; and compels action through mediation of conflict between accumulation and standards of living on the political level (Picchio 1992; Picchio in Bezanson 2006).

In Canada, the current neoliberal welfare state was most recently preceded by a Fordist Keynesian model (Porter 2003; Cameron 2006; Bezanson 2006) that remained relatively stable from 1945 through the late 1970s. The gender order of the earlier period relied on a strict sexual division of labour; the family wage of the male breadwinner in commodity production outside of the household was combined with women's unpaid work in social reproduction within the household to provide the reproduction of labour power. Each role being considered 'separate but equal,' it was presumed that the wage of male breadwinners and/or their labour-related benefits of entitlement would provide for (though not necessarily be the property of) both<sup>8</sup> (Acker 1988). Thus, women and those in their care were dependent on the wage earner for the means of subsistence. Where a 'family wage' was not available, though not equitably or fully, the welfare benefit system offset the market's inability to guarantee everyone a living (Elson 1998; Cameron 2006; Picot and Myles 2005). Social protections and provisions, many of which were brought about through early labour and feminist activism, included public education, healthcare, veterans' benefits, safety regulations, working hour and age limits, workers' compensation, minimum wage and employment insurance (Cameron 2006; Jenson 1986). By the late 1960s through 1970s, the feminist

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<sup>8</sup> Many, though especially marginalized groups without access to earning a 'family wage', frequently relied on multiple earners, including women's wages and extended families. Consequently, the presumption of a 'family wage' ignored differences in material conditions such as by race and class.

movement challenged the dependency of this gender order<sup>9</sup>, as women began to enter the labour market in increasing numbers and advocate for policy changes in support of women's equality, including universal affordable quality child care (Jenson and Sineau 2001).

The neoliberal regime arose after a period of stagnation in economic growth of the world economy, at which point the gender order of the male-breadwinner/female carer model of the Fordist/post-war Keynesian welfare state began to destabilize (Bezanson 2006). Neoliberalism, or "the reassertion of free market capitalism that was developed in the late 1970s" (Luxton 2008: 348) and proliferated through the 1990s, is characterized by reduced redistribution and intensified inequality. This era saw a fundamental shift in assessment of entitlement from that of rights-based provision to needs-based provision (Bezanson 2006). As occurred in many advanced industrialized nations, the Canadian neoliberal welfare state under global capitalism has engendered what has now become an employability (Cameron 2006) or adult-worker/earner model (Lewis 2003), which presumes adults, both men and women, as available to the labour market. Unpaid work, however, has not been similarly redistributed. The gender order of the employability model constructs women as both female-carer in the domestic realm and adult-earner in the labour market.

As Diane Elson (1998) describes, with the development of globally integrated capital markets, corporations have gone transnational. Prior to this, industrial capitalism could at least be understood to have had a degree of vested interest in the local people,

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<sup>9</sup> The male breadwinner model was also challenged in public policy before this. For example, see Porter (2003) regarding women's claims for Unemployment Insurance pre-1960s.

society and environment of its enterprise as both resource and market. No longer bound by region or nation state and without obligation to long term investment in local people and local society, multi-national corporations have the ability to be nomadic.

Consequently, corporations are able to withdraw from less 'cost effective' areas to regions of greatest 'efficiency' and profitability, capitalizing on the lowest wages available by the highest level of skill required, the least regulation and taxation, and the highest flexibility of workforce within the confines of social stability (*ibid*).

In Canada, to attract the investment necessary to the tax-benefit circuit, the state responded by lowering costs and realigning expectations of standards of living to global strategies of capital (Cameron 2006). Taking hold in the late 1970s and accelerating through the 1990s, neoliberal ideology was then extended to the welfare state, maximizing 'efficiency,' and reducing public expenditure, including practices such as restructuring social programs, weakening labour legislation, outsourcing services to the private or voluntary sector, and refamilializing care (Neysmith, Bezanson and O'Connel 2005; Luxton and Corman 2001). These measures have had the effect of eroding gains made in recognition of social reproduction. Real income for Canadians in the 'middle' has declined and the gap between the wealthiest few and the majority of the population has grown, especially in the face of decreased social transfers since the 1990s (Picot and Myles 2005), making increasingly necessary the income of multiple earners to make up the difference and offset insecurity (Bezanson 2006).



The Canadian neoliberal paradigm is coupled with moral imperatives of neo-conservatism (Brodie 1996 in Bezanson 2006, Bezanson 2010), which promotes not only

decreased state regulation of capital [but also] often increased state regulation of the marginalized ... lower direct taxation and increased individual and market responsibility for various services. And through more punitive and restrictive social policies, ... blames the individual, rather than the market, for poverty and unemployment (Little 2009: 261-262).

Neoliberal ideology is characterized by principles of individualism, moralizing independence and self sufficiency, whereby failings are cast as personal rather than structural inadequacies (Bezanson 2006b). The result has been an encroachment of market rationality into every aspect of life (Bakker 2007), maximizing cost saving measures to reduce public expenditure, such as cutbacks to healthcare and education, and increasing 'efficiency' for the state by returning previously-socialized reproductive work to the household (Bezanson 2006b, Razavi 2007). By both "default *and* design, families, particularly the women within them, pick [] up the work not provided publicly and not affordable privately" (Bezanson and Luxton 2006: 5). The retrenchment of the welfare state and insecurity of global expansion increasingly, then, relies on the domestic sector as 'shock absorber' (Razavi 2007), 'alternator' or safety net of economic crisis by effectively downloading responsibility for systemic problems to individuals - especially women (Picchio 1992; Bezanson 2006; Bakker 2007). But the domestic sector has a limited capacity and is less absorptive when undermined by a lack of resources, insecurity and demoralization (Neysmith, Bezanson and O'Connell 2005; Corman and Luxton 2001; Elson 1998). Such a climate affects households, both in labour in the home

and in the paid labour force, challenging gendered divisions of labour and the ability to cope with competing demands (Luxton and Corman 2001).

While the last several decades have seen the erosion of the family (male) wage, the rise in women's labour market participation and dramatic changes in family<sup>10</sup> structure (Lewis 2003), at the same time, much of the ideological legacy of the nuclear family/male breadwinner model of industrial capitalism remains in social structures. Without supports for women's continued role in social reproduction and with continued inequality in both realms (Adkin and Abu-Laban 2008; Daly and Lewis 2000), the dual earner/female care gender order has the effect of both erasing and re-inscribing gender (Bakker 2007; Jenson 2009). The assumption of wage labour as unproduced implies that women should be infinitely flexible and available to the labour market (Bakker 2007). Whereas under the male-breadwinner model, mothers were regarded as first caregiver, and secondly worker, by the mid 1990's as 'employable' adults, mothers are regarded in the reverse -if motherhood and recognition of reproductive needs are considered at all (Little 2009; Brodie 2009; Jenson 2009). 'Choices' in mothering (and of forms of motherhood) and paid work are often a privilege of class and particular family forms- and increasingly for marginalized women, are not choices at all (Little 2009).

Based on an ethic of 'independence', neoliberal welfare restructuring assigns responsibility for care of children --both to pay for and to provide-- to the individual/household. Misappropriating feminist rhetoric, Canadian federal and

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<sup>10</sup> Though here I have used the term family as a set of social relations, neither the word nor the defining features are uniformly shared. Many feminists argue against the term 'family' as oppressive and evocative of white-middle class assumptions, opting instead for 'household' (Smart 2007; Luxton and Corman 2001). Others refer to 'families of choice' (Smart 2007: 27) to include significant relationships beyond kinship, whereas still others refer to 'kin' and 'networks' (Hansen 2005).

provincial governments of a neoliberal regime employ the language of choice, implying a democratic sense to obscure off-loading, and refamilializing, privatizing or otherwise avoiding collective responsibility for social reproduction matters (Kershaw 2004; Brodie 1995). As Paul Kershaw (2004) describes, “[t]he language of choice facilitates the articulation of neoliberal principles within a rhetorical framework that conveys a sense of political neutrality and individualizes responsibility for social inequalities” (928). As he describes, the ‘choices’ facilitated by this discourse are those that exacerbate class differences, as the ‘choices’ available depend on one’s social location. In the child care realm, ‘choosing’ to withdraw from the labour force destabilizes lower income women’s paid work while ignoring unequal divisions of household labour, whereas tax credits that enable the ‘choice’ to hire domestic workers drives exploitation of more marginalized women (*ibid*: 930-931).

Calls for policies to intervene in conflicts arising from women’s paid work and unpaid work demands have largely taken the form of access to child care, leave periods, reduced working hours, recognition of various family forms and inclusive benefits, with varying degrees of success (de Wolff 2006). With dramatically increased numbers of women in labour market, neoliberal rollbacks are at times tempered by active resistance, and women do make some political gains (e.g. extension of maternity/parental leave time). But where benefits are proffered, they are done on the basis of ‘social investment’ so as to tie entitlements for caregiving to labour market participation, ensuring a continued labour supply for the market while still relying on

family for caregiving rather than provision of services (e.g. child care subsidy, EI, 'Working Families') (MacDonald 2009).

As 'market-citizens' rather than 'social citizens,' women's employment has not meant equality for women: only the equal right to inequality in wage-labour relations, for some more so than for others and all the while making their unwaged labour less and less visible. The 'employability' model requires women to be full participants in the labour market but, as the work of social reproduction remains highly gendered, neither relieves nor redistributes the burden of carework within families (Lewis 2003; Hansen 2005; Luxton and Corman 2001; Fox 2009). There has been a modest increase in the share of domestic labour taken on by men<sup>11</sup> (Statistics Canada 2006b; Apparala, Reifman and Munsch 2003), however, despite limits in terms of women's time and energy, many men are still resistant to taking on domestic/care giving tasks (Fox 2009; Maume 2008; Apparala *et al* 2003; Elson 1998).

Although labour market participation does allow women direct access to wages and state benefits of entitlement, neoliberal reforms have often perpetuated decidedly gendered dimensions. Though not formally, neoliberal restructuring has tended to be discriminatory in *effect* (Jenson 2009; Porter 2003). Neoliberal policies that assume gender neutrality yet benefit male work and life patterns over women's disproportionately disadvantage feminized and non-standard labour sectors and delegitimize gender as a basis for claims making (Bakker 2007; Razavi 2007; Porter 2003). Although there remains some recognition of reproductive needs that attempt to

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<sup>11</sup>For greater discussion, see also Hansen's (2005) analysis of men's contributions in networks of care.

'balance' the dual load, (e.g. paid or unpaid leave, tax credits), the tax-benefit circuit often continues to assume erroneously that women are or should be provided for by men (*ibid*).

The inherent tensions between production and social reproduction suggest that society cannot unendingly have it both ways: women cannot be both universal earners and bear the lion[ess]' share of the load for childrearing in a paid labour market environment demanding often longer, more erratic hours for less pay and fewer and fewer benefits. In the logic of Cameron's (2006) dialectic, one could surmise that neoliberalism can take increasing inequality only so far before destabilizing to the point where the state and society will have to change course. Countering neoliberal individualism will require policies that move towards models of social responsibility for care (Bakker 2007; Cameron 2006). Some argue glimpses of what could be termed a 'social investment' model (Dobrowsky 2009), that implies both societal and fiscal returns (a framing not at odds with an economic efficiency discourse- see Prentice 2009), is increasingly the language used to mobilize political action (see for example Pascal 2009). With the nature of social reproduction in relation to the market and neo-liberal Canadian welfare state in mind, I outline the present state of child care policy in Canada and consider the implications for the existing gender order for women.

## Chapter 3 Child Care: Considering the Canadian Context

This chapter offers an overview of Canadian child care policy with emphasis on the Ontario context and home-based child care provision in the informal sector. In discussing child care in Canada, it is important to bear in mind that the divisions of power between the federal government and provincial and territorial governments are enshrined in the Canadian Constitution of 1867. At the time of confederation, the Constitution delegated jurisdiction of policies pertaining to economic expansion to the federal level and those pertaining to social reproduction to the provinces, creating a two tiered tax system (Cameron 2006). The essence of this division remains to this day.

### ***Federal transfers to the provinces/territories***

Canada's policy history related to social reproduction --and specifically to children-- is long and complex. In brief, the role of the federal government in child care, other than in relation to First Nations, immigration and the armed forces, has been that of transfer payments to the provinces and territories. Aside from wartime era support of day nurseries to bring women into war-effort production under the *Dominion-Provincial Wartime Agreement*, historically these transfers from the federal to provincial/territorial governments have come under three federal-provincial arrangements: the Canada Assistance Program (CAP), the Canada Health and Social Transfer (CHST), and most recently the Canada Social Transfer (CST) in 2004 (Vosko 2006; Scherer 2001; Cameron 2006; Baker 2006).

The CAP, established in 1966, involved 50/50 open ended cost-sharing between the provinces and federal government for social assistance, of which child care was included among welfare measures to 'families in need.' Though a male-breadwinner/female-carer model dominated in policy logics, single mothers 'in need' were often –and as time progressed, increasingly-- expected to work for pay. Child care provision was (and remains) subject to the more intrusive and stigmatizing needs testing measures and policies were frequently designed to accomplish single mothers' paid work while specifically deterring and excluding other women working 'for choice' (Mahon 2006; Little 1998; Little 2009).

The CAP was 'capped' in 1990, and later replaced with the CHST in 1996, which reduced both funding and federally mandated standards (Beach and Friendly 2005). Under the CHST, amounts that had been previously specified to social needs were then transformed into a lump sum for health, post-secondary education and social programs. The distribution of funds was then left to the provinces' discretion and could be allocated to a broad range of areas, not necessarily on social programs. The CHST was soon split into the Canada Health Transfer and the Canada Social Transfer (Friendly, Beach, Ferns and Turiano 2007), with the CST funds directed to programs for post-secondary education, social assistance and social services, including early childhood development and early learning and child care, as determined and administered by the province or territory. At present,

two federal funds transfer earmarked money to the provinces for regulated child care: the Multilateral Framework Agreement on Early Learning and Child Care and the "Child Care Spaces" initiative announced in the 2007 budget. Respectively, these provide \$350 million and \$250 million to provinces annually

through the larger block fund intended for provincial social spending, the Canada Social Transfer (Friendly 2009: 4).

However, after having cancelled the bi-lateral agreement which included ongoing operating funds and had already been agreed to by the provinces and territories and signed into legislation, the Multilateral Framework Agreement is limited to 5 years, reaching its end in March 2010<sup>12</sup>. The Child Care Spaces Initiative -- intended to create 25,000 new child care spaces a year by giving businesses and non-profit organizations financial incentives -- received only minimal uptake (Brady 2008).

### ***Federal supports and transfers to families:***

While the federal government does not directly deal in matters of social reproduction, it does provide some forms of support such as through employment insurance, income tested transfers, and tax credits. These supports affect and are affected by the child care landscape in Canada; they frame income generation decisions, gender divisions in carework and leave decisions, all of which intersect with child care. Parental leave and maternity leave provide the most crucial example. Care for newborn children by parents is supported by maternity and parental leave benefits falling under the federal Employment Insurance Act. With the 1990's restructuring of Unemployment Insurance to the current Employment Insurance regime, benefit duration increased from 15 weeks, to a combined 25 weeks, to 50 of 52 weeks in 2001 (Porter 2003; Macdonald

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<sup>12</sup> Essentially a \$252 million payout after the cancellation of the \$5 billion national child care plan, for Ontario, this means a loss of 63.5 million annually in federal funding. (CRRU, Toronto Star Feb 8/10). See also The Centre for Spatial Economics. (January 21, 2010) *Early Learning Impact Analysis of Subsidy Removal* [http://action.web.ca/home/crru/rsrscs\\_crru\\_full.shtml?x=128175&AA\\_EX\\_Session=428d20920236936ac8290285e424403f](http://action.web.ca/home/crru/rsrscs_crru_full.shtml?x=128175&AA_EX_Session=428d20920236936ac8290285e424403f)



2009). Though the number of insurable weeks increased, this restructuring also reduced both the benefit percentage of insured earnings and eligibility for especially feminized non-standard work sectors (Porter 2003). For those who qualify (over one-third do not) and can sustain for the duration on reduced income, provisions through Employment Insurance is available under maternity leave for 15 weeks and parental leave for 35 weeks. Income replacement is calculated at 55% to a ceiling of \$413 [55% of a maximum annual income of \$38,500] based on the last 26 weeks of insurable earnings (MacDonald 2008; Porter 2003).

Canada's child/family policies also include the Canada Child Tax Benefit (CCTB) and National Child Benefit (NCB) (Vosko 2006; Scherer 2001). These come in the form of income tested transfers (as assessed by the Canada Revenue Agency) and may be subject to claw back by the province of residency for those on social assistance. Neither the CCTB nor the NCB provide or are directly linked to actual services. Many provincial transfers are also income tested, including the Ontario Child Benefit and Ontario Child Care Supplement for Working Families.

Under the federal Income Tax Act, the Child Care Expense Deduction (CCED) is a non-refundable tax credit that allows a percentage deduction for receipted child care expenses to a ceiling of \$7,000 a year for children under age seven and \$4,000 a year for children 7-16 years of age (CRA 2009). The CCED can only be claimed by the lesser earning parent and benefits only a narrow range of claimants (Vincent and Wooley 2000, in Mahon 2002). The CCED does not allow sufficient room for the full cost of child

care for households in many regions of the country<sup>13</sup> nor does it recognize un-receipted expenses which are often the case for especially lower-income families relying on unregulated care (Scherer 2001). Notably, according to Beach *et al* (in Mahon 2002: 212), only an estimated 35% of unlicensed caregivers provide receipts.

The former Family Allowance (1945-1993, commonly known as the 'Baby Bonus') and presently the *Universal Child Care Benefit* (UCCB, 2006- ) are the two exceptions to income-testing in transfers to families. The UCCB replaced what was to be a bi-lateral (federal/provincial) agreement of dedicated funds intended to establish a national universal child care system (Adkin and Abu Laban 2008; Bezanson 2010, Mahon 2009). The UCCB is a taxable benefit of \$100 a month per child under the age of six. The transfer is provided directly to the lesser earning parent/guardian of children under age 6 and is used at the recipient's discretion but not necessarily for child care services. Combined, Canada's child policies<sup>14</sup> target money to particularly lower income families, though none can be considered early learning or child care.

### ***Early Learning and Care for Canada's children***

Child care in Canada is primarily provided by the private sector including for-profit, not-for-profit, and self employed providers (Prentice 2007a, Mahon and Jenson 2006). There are two basic types of childcare: formal and informal, also referred to as licensed and unlicensed or regulated and unregulated respectively (MCYS 2009). Formal

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<sup>13</sup> For example, compare with Toronto at \$10,000 to \$18,000/year for one preschooler. Toronto Star, Feb 5, 2010.

<sup>14</sup> In Ontario, both the Ontario Child Care Supplement for Working Families and the Ontario Child Benefit are also government transfers targeted to low-income families, neither of which are tied to child care.

childcare is inspected, monitored and regulated by the province or territory, including nursery schools, childcare centers, before-and-after school programs and 'family' home-based (licensed) day care (Statistics Canada 2006a; MCYS 2009). Informal childcare includes privately arranged, unregulated care occurring in the home of the provider or of the child, on either a paid or unpaid basis. The vast majority of non-parental child care in Canada is informal (Statistics Canada 2006a).

Of preschool-age children with employed or studying mothers, "[n]ational data show that nearly 80% ...are regularly in some form of non-parental child care" (Childcare Resource and Research Unit 2009, xi). According to the National Longitudinal Survey of Children and Youth (NLSCY) data, by 2003, 54% of all Canadian children ages 6 months through 5 years<sup>15</sup> were in some form of childcare, increasing over the 8 year period across socioeconomic categories and geographic regions (Statistics Canada 2006a). Considerable shift in care arrangements has resulted in three broad categories of arrangements having nearly equalized in terms of their distribution: increased use of relative care (22% to almost 30%), decreased use of non-relative care (from 43% to 30%) as well as increased use of childcare centers (20% to 28%). Though the percentage of children in home-based child care<sup>16</sup> declined (at least partially attributed to the implementation of Quebec's child care system), this category still represents the greatest number of children in child care.

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<sup>15</sup> Research tends to group care for children into age groups, clustering types of care needs: ages <6 (pre-mandatory school ages), 6-12 (elementary school age) or <12 (12 being the age presumed for children being able/permitted to care for themselves for short periods of time). Realistically, families with more than one child must juggle care needs and arrangements for both older and younger children.

<sup>16</sup> Defined in the Statistics Canada (2006a) report as non-parental care outside of the child's home with a non-relative. This group does not include daycare centers.

Though not mandatory, most Canadian children also participate in kindergarten programs. All provinces and territories provide public kindergarten for 5- (and in Ontario 4-) year olds, typically for half day or part-time alternating day, or occasionally full school-day, through their respective ministries of education. Education is under provincial jurisdiction and does not receive direct federal funding (Friendly and Prentice 2009).

Canada has regulated spaces for less than 20% of its children under the age of 6<sup>17</sup> (Doucet and Merla 2007: 457). Across Canada, licensed childcare spaces are available for only a small fraction of children under age 12<sup>18</sup> (Mahon and Jenson 2006). Of regulated spaces, Canada-wide, approximately 80% of spaces are in the non-profit ('third') sector, with most of the remaining services increasingly provided on a typically sole proprietor or small enterprise for-profit basis<sup>19</sup> (Friendly 2009). A minimal amount also occurs through direct government provision, though these only occurring in Ontario and Québec<sup>20</sup> (*ibid*). Publicly funded childcare remains --with the exception of Québec-- a welfare measure. Unless subsidized as assessed by needs or income testing to low

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<sup>17</sup> By comparison, the UK has spaces available for 60%, and Denmark for 80%.

<sup>18</sup> Mahon and Jenson's (2006) cross national multi-city study found spaces available for only 10-16%.

<sup>19</sup> Presently a large scale 'big box' childcare corporation is applying to the Toronto Stock Exchange to set up operations in Canada. This would be the first such intrusion into the Canadian childcare market (Toronto Star, Jan 26, 2010).

<sup>20</sup> The province of Québec has taken a decidedly different direction than other Canadian jurisdictions. Beginning in 1997, Québec boasts subsidized regulated child care to a now maximum of \$7 per day (Jenson 2009). When considering national statistics on child care services, it is important to add a cautionary note that the inclusion of Québec in calculations has a tendency to skew the data. For example, since the implementation of a provincial universal child care system, Québec has by far had the greatest single expansion of regulated spaces over the last decade, both center-based and home-based, and has leant tremendous support to the profession of early learning and child care. Quebec and Ontario combined make up the two largest consumer markets for childcare at over 2/3 of Canadian demand (Stafford 2002: 14). Variations notwithstanding, Ontario's proportionate figures are comparatively more in-line with those of other provinces.

income households for primarily employment or training, parent fees are required to cover costs.

#### Characteristics of childcare use in Ontario and Canada

Table 1: Children in non-parental care by care type (2002-2003) <sup>21</sup>:

	Ontario	Canada
Outside the home with a non-relative*	33.6%	30.3%
Outside the home with a relative	18.5%	15.7%
In own home with a non-relative	8.9%	7.7%
In own home with a relative	16.8%	13.7%
In a daycare center	22.2%	27.9%

\*does not include daycare centers

#### **Child care in Ontario**

Policy and welfare state provision varies by province in terms of programs, funding, and availability. Ontario is the only province in which municipalities have a legislatively mandated role (Prentice 2003) and are responsible for planning, managing, funding and in some cases, operating child care (ELCC Report 2006, Mahon 2006). In the case of Ontario, regulated child care comes under the *Day Nurseries Act* (DNA), originally established in 1946 (Scherer 2001). Licensed providers under the DNA, which falls under the purview of the Ministry of Children and Youth Services (MCYS), may be center-based or home-based under a licensed agency and are subject to provincial standards and annual renewal (MCYS 2009). The licensure status of a center or agency, including violations or provisional status, is publicly available through the MCYS<sup>22</sup>. The requirement for child care licensure depends on the number of children being cared for by a provider.

<sup>21</sup> Adapted from *Child Care in Canada*, Statistics Canada, 2006.

<sup>22</sup> See website: <http://www.ontario.ca/ONT/portal61/licensedchildcare>

Childcare subsidy is available through Consolidated Municipal Service Managers (CMSMs) and District Social Services Administration Boards (DSSABs) to qualifying families under accepting licensed providers (MCYS 2008). As of January 1, 2007, Ontario has changed subsidy level assessments from needs testing to income testing (Friendly *et al*, 2007). Families with household incomes less than \$20,000 are eligible for full subsidy. Subsidy levels are otherwise based on the residual value of child care costs (for all eligible children within the household) where costs exceed 10% of household income between \$20,000 to \$40,000 or exceed 20% of household incomes above \$40,000 (CRRU 2009). While the province does not set a maximum subsidy rate, municipalities may do so at their discretion, and may further reserve allocation to designated centers (CRRU 2009). However, not all subsidy-eligible families in fact receive subsidy. There is a limited pool of funds available across the province. Where subsidy demands exceed available funding and/or space, municipalities establish waiting lists, with wait-times depending on assessment of need priority and availability. There is also some variation in eligibility requirements by child age (e.g. 0-12 years in many municipalities, but 0-10 years in Toronto) and work/training status of the parent/guardian applicant (e.g. contingent on the number of hours in employment or training).

Child care centers in some Ontario regions are operated directly by the city or region, but are mostly arranged through purchase of service agreements with private (commercial and/or non-profit) providers. Reliance on a private, market-based/non-profit system means that providers determine the location and number of subsidized spaces they are willing to offer. Not determined by community need, this has been

criticized as leading to a less-than equitable distribution of child care spaces (Mahon 2006).

Home-based providers in Ontario are not licensed in and of themselves, but may work under a licensed *agency*. A home-based provider offering 'regulated' care is contracted on a self employment basis through a licensed agency. Regulated home-based child care providers may care for a maximum of five unrelated<sup>23</sup> children under the age of ten or five children- including related children under the age of 6<sup>24</sup>, subject to additional ratio restrictions for children under ages 2, 3 or having a disability.<sup>25</sup> Providers under a licensed agency must be at least 18 years of age with a criminal reference check, however no child care or child development training is required, and first aid is required only in the case of providers for children with special needs (CRRU 2009).

Licensed home child care agencies may be private for-profit or are in some instances municipally run, in the case of the latter, typically dealing with placement of subsidy-eligible children.<sup>26</sup> Depending on the agency, providers may or may not be required to adhere to additional age restrictions and requirements and are reviewed or inspected with varying frequency by a trained ECE professional. Providers' compensation also varies widely depending on the services and supplies offered by the licensed agency. For example, some agencies provide equipment including playpens,

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<sup>23</sup> "Related" is the term used in the DNA. In the Ontario-relevant literature this appears to refer to 'parent' caring for one's "own children" (e.g. CRRU 2009) but this is not explicitly stated nor is 'related' specifically defined in the DNA, however it could be interpreted to include grandparent, aunt, uncle, cousin, etc.

<sup>24</sup> For example, the provider's own children under age 6 must be included in the count. The provider's own children ages 6 and above are not.

<sup>25</sup> No more than two children under 2 years of age and three children under 3 years of age in the home at any one time.

<sup>26</sup> Phone conversation, Niagara Region subsidy office, 2009 12 11.

age-appropriate toys, high chairs and so forth or for fire inspection and police record checks of adults in the household as required<sup>27</sup>, but such agency services may translate into lower rates of pay<sup>28</sup>, whereas these costs and fees would otherwise be incurred by the provider.<sup>29</sup>

Both regulated and unregulated providers are considered to be self employed (Cox 2005) and are legally obliged to report earned income to Canada Revenue Agency (Department of Justice 2010). By contrast, however, an unregulated home-based child care provider (i.e. not under a licensed agency) may look after up to as many as 5 unrelated children, regardless of the number of 'related' children in their care and the related children's ages. Being unregulated is therefore actually economically advantageous for home-based providers with their own young children under the age of 6 and young client-charges. By remaining unregulated, such providers may accept more charges for pay<sup>30</sup>. This likely-unintended effect of the DNA's policy in fact discourages standardization and regulation. Although the Ministry will look into complaints from the public about a caregiver who may be exceeding the allowable number of unrelated children, it does not regulate unlicensed child care arrangements. Providing care to more than five unrelated children without a licence is a violation of the DNA and may be subject to prosecution, which if convicted, a person can be fined up to \$2,000 per day and/or imprisonment of up to one year (MCYS 2007). But with the total number of child

<sup>27</sup> See for example <http://www.weewatch.com/providing.html> (for-profit home-based child care agency).

<sup>28</sup> Phone conversation: T. Hansen-Rix, former HBCC Cheeky Monkey Daycare, Ancaster ON; C. Marvin, former HBCC Leapfrog Daycare, 2010 01 11.

<sup>29</sup> Unless subsidized through employment programs. Phone conversation, Niagara Region subsidy office 2010 01 12.

<sup>30</sup> Assuming similar fee rates and the availability of private-pay clients. See discussion in Tuomenin (2003).



care inspectors for the province at 77 --an increase from 65 between 2007-2008 (MCYS 2008)-- and relying on reporting of what would be otherwise hidden in the domestic realm, it is unlikely that most cases in contradiction of the DNA are ever investigated, let alone convicted<sup>31</sup>.

### ***Unregulated Home-based Child Care: A look at the informal sector***

The phrase informal or 'home-based child care' by itself may be understood to include a range of paid or unpaid familial (either inter-or intra-household) arrangements as earlier described. Between familial and non-familial in and out of home care, these types of child care arrangements account for the majority of care arrangements of 6 month to five year olds. Informal child care arrangements reportedly tend to cost less, be more flexible and are frequently temporary (Statistics Canada, 2002).

Table 2: Distribution of children in non-relative child care of total sample across care types (2002-2003): urban/rural & income groups<sup>32</sup>

	Outside home w non-relative	In own home w a non-relative
Urban	31.1%	8.3%
Rural	36.9%	6.1%
Below LICO <sup>33</sup>	17.7%	5.6%
Equal to < 2x LICO	27.9%	6.5%
2x to <3x LICO	34.0%	7.3%
3x LICO or above	39.6%	12.0%

\*\*Though it is not possible to separate unpaid friends and neighbours from the statistics available, my intent in grouping together non-relative care is to attempt to capture a majority of those considered 'grey market' providers. Licensed/regulated home child care providers may also fall into these categories, percentages per category as identified in table 5, but are not considered part of the grey market.

<sup>31</sup> In contacting the MCYS, no data was available regarding the number of investigations, fines or convictions either provincially or by region. The researcher was advised that said data was deemed confidential and might only be possible through a Freedom of Information Act and Privacy Protection application to each MCYS regional office across the province.

<sup>32</sup> Adapted from *Child care in Canada*, Statistics Canada, 2006.

<sup>33</sup> Low Income Cut Off

Table 3: Distribution of children in relative child care of total sample across care types (2002-2003): urban/rural & income groups<sup>34</sup>

	Outside home w relative	In own home w relative
Urban	15.8%	14.7%
Rural	22.1%	12.5%
Below LICO	16.7%	18.4%
Equal to < 2x LICO	18.3%	19.2%
2x to <3x LICO	17.5%	12.5%
3x LICO or above	13.0%	9.5%

In Ontario, the average annual expenditure for child care outside the home per household was reportedly \$3,110 (Statistics Canada 2002). However, households that rely on an at-home parent and/or unpaid family members or friends as the main care arrangement are included in this statistic, with the value of these services left unrecognized. As is frequently noted by feminist political economists, the care of such providers and their economic sacrifice in doing so are then left invisible in terms of their productive contributions (Elson 1998; Folbre 2008; Razavi 2007). Further, it is also likely that this average does not reflect all grey-market expenditures, both ongoing care and one-offs, since neither the provider earning the income nor the parent paying for services would be likely to report it for income tax purposes when payment for such arrangements is 'unreceipted'. In fact, on the high end, parent fees for child care in many major metropolitan areas of Canada can be as high as \$2000 per month (Friendly and Prentice 2009: 63). This figure is then far less than fully representative of the cost of child care for many households.

Exact numbers of unlicensed paid home-based providers are unknown by virtue of various unregulated care categories being lumped together. Though many home-

<sup>34</sup> Adapted from *Child care in Canada*, Statistics Canada, 2006.

based providers may have child-related training, no qualifications or professional affiliations are required, restricting or prohibiting parent verification of claimed credentials. This segment of the informal sector is often not represented in government statistics since they are not included in direct funding (Statistics Canada 2002). Further, many providers may not self identify in censuses or since child care service earnings are frequently not reported to the Canada Revenue Agency.

Since research on specifically unregulated home-based child care usage in Canada is limited, it is useful to consider regulated home-based childcare to draw parallels and contrasts. Rachel Cox's (2005) study of working conditions of home-based child care providers under licensed agencies in British Columbia, Newfoundland and Québec identifies that increased recognition of the value of child care has lead to increased requirements for standards and training in these environments, however not to increased compensation. Further, because home-based providers under a licensed agency are considered self-employed –as is the case in Ontario- they are excluded from the protections of workers under labour and employment legislation including workers' safety/income replacement, vacation and statutory holiday pay, Employment Insurance, minimum wage, overtime and employer Canada Pension Plan contributions. The precariousness this creates for providers' employment status impacts the precariousness of the quality of their services.

Home-based child care has seen more scholarly attention in the United States. Even so, *licensed* 'family child care'<sup>35</sup> predominates in the American literature. In Mary

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<sup>35</sup> Home-based child care is typically referred to as family child care in the American literature

Tuominen's *We Are Not Babysitters* (2003), offering an in-depth discussion of the work of 'family child care providers' in Washington State, only 4 of the 20 providers interviewed were unlicensed, though unlicensed providers were specifically sought out. This fact she attributes to the illegality of unlicensed child care provision in the state – a factor not at play in Ontario- in reducing the likelihoods of participant volunteers, not for lack of prevalence. Of 'family child care' providers generally, the providers in her study were all women, predominantly married or common-law, with young children of their own. Though most had sought other employment, they came to providing care in the face of various constraints. The types of constraints varied by class, from the availability of any other work, to the availability of work that met household monetary and caregiving needs. The caregivers described their work as undervalued by both those requiring their services and society at large, and though typically recognizing their own importance and labour, at times by the caregivers themselves. She further highlights differences in working environment and conditions by class such as who provides subsidized care, the class/race-ethnicity composition of children in their care, and reasons for entering the profession. A great deal of homogeneity was found between care providers and social characteristics of children in their care. Women with higher levels of education and household income were highly unlikely to care for children of subsidized families by virtue of being geographically located in more affluent areas that could support parent-pay clients at higher rates. By contrast low/working class women, who were often eligible for subsidy themselves, cited the stability of income assured by providing care to subsidized families as rationale for higher (sometimes total) numbers

of such children in their care. Women of lower income households emphasized household provisioning as their reasons for providing child care services, whereas women of middle and upper middle class households described professional autonomy and preferred care of their own children- requiring or desiring independent income but able to withstand the fluctuations inherent in the type of service being provided. Low/working class providers were the most likely to be exploited and to exploit themselves, adjusting fees and extending hours out of empathy for other low income parents or not getting paid accordingly for services by parent-pay clients. Providing subsidized care in Washington state paid lower-than-market rates, therefore, for unlicensed providers with access the middle class clients able to pay higher rates, remaining unlicensed proved more economically viable.

Geraldine Pratt's (2003) analysis of Canadian suburban parents' experiences in securing child care arrangements is one of few that speaks directly to the experience of parents managing child care arrangements and particularly of *employing* home-based child care. As part of a larger series of interviews, Pratt (2003) interviewed parents from primarily affluent areas of Vancouver who advertised for and sought to hire nannies. Of the parents in her study, a number had 'settled' instead on using 'unlicensed family child care.' While urban parents were more likely to receive a greater number of calls in response to parents' advertisements and specifically calls from immigrant nannies, suburban parents were much more likely to receive far fewer calls, but from "white Canadian women providing in-home, privatised child care" (Pratt 2003: 590). Suburban

parents reported that callers were frequently either quite young or elderly, and often of questionable 'quality' as child care providers.

Pratt (2003) describes the characteristics of care providers and care arrangements identified in suburban areas as more representative of the Canadian child care context, as compared to the high density of available immigrant caregivers in urban Vancouver<sup>36</sup>. The suburban areas were associated with paying out lower child care wages, child care being considerably more difficult to find, and care providers that were less skilled, less qualified and less committed, resulting in chronic stress for mothers. This stress interfered with the mother's ability to stay in the paid labour force. Parents reported frustrations with inadequate care, unavailable/unreliable caregivers (illness, lateness, absenteeism, personal time away), and high turnover (caregivers relocating, being injured, quitting to leave for other work). Consequently, at least two of the mothers interviewed left their employment, one of whom turned to providing home-based child care herself. She also identifies the rationalizations on the part of the parent 'employers' for paying low wages that devalue care work and discourses used that perpetuate providers' carework's invisibility.

The sub-sample of home-based child care users in Pratt's (2003) analysis revealed a number of challenges that parents, and more specifically mothers, were forced to contend with. The difficulties she describes were experienced by a particularly affluent group; ones who could afford to consider hiring in-home nanny care for their

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<sup>36</sup> Migrant care workers typically come to Canada under the Live-In Caregiver Programme through Citizenship and Immigration Canada, largely from the Philippines. This child care option represents a very small percentage of overall care arrangements for only a rather affluent minority of Canadians (Pratt 2003).

children. These difficulties can be significantly different for those with fewer resources available. My research aims to build on Pratt's findings by examining a group that were not in such an affluent position and considers the implications for social justice for women on both ends of the caring arrangement.

### ***Child Care and Social Justice for women through a Feminist Political Economy lens***

#### **Social Reproduction and Care in Post-industrial Capitalism: the macro level**

Carework occurs primarily in the domestic sector. The continued invisibility of the domestic sector is "disabling to struggles for women's rights and for equality between men and women" (Elson 1998: 189). Feminist economists have made some inroads in accounting for the unpaid economic contributions of households in the production of goods for household consumption and activities of informal market exchange (Razavi 2007). Yet international systems of accounting, such as the GDP, do not include the unpaid productive contributions of households in terms of care work, despite its economic value. Work that is not counted as 'productive' in commodity terms, particularly services for household consumption, remains invisible (Elson 1998; Razavi 2007; Folbre 2008). Essentially, care doesn't 'count'.

Where women now represent a large percentage of the workforce, the decreased availability of women for unpaid labour has meant changes for the time and energy women are able to devote to providing care, but the need for care and for social reproduction more broadly does not disappear simply because those who once provided it are less available. Women's engagement in the labour market requires

either that others (typically women) take on the load or the commodification of what would presumably be their carework. Women's increased labour market participation has led to a redistribution of family-care responsibility through 'outsourcing' (Razavi 2007; Folbre 2008), frequently exacerbating class differences between women and subsidizing the care work of a well-educated, affluent minority by more marginalized women (Little 2009). Because care work is socially devalued and often misconstrued as unskilled work, workers engaged in feminized caring professions experience low wages<sup>37</sup> (Razavi 2007; Folbre 2008). The effect of increased exploitation both deflects government responsibility and prioritizes the needs of the affluent over others (Bakker 2007; Folbre 2008; Cameron 2006).

### **Between the Market and the State: the meso level**

As a matter of social justice, across Canada, experts in anti-poverty scholarship and activism, child development and early childhood education, social work and public policy have called for universal, accessible, affordable quality child care. To this end, Québec is the only province that has met with some measure of success so far—improving standards of care, implementing principles of universalism and democratic community-based decision making, and increasing women's employment and economic autonomy. A large body of literature exists on early learning and child care, extolling the benefits of quality child care under licensed child care providers for children's academic and social development, including literacy skills, numeracy skills, problem solving, and

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<sup>37</sup> "[C]hildcare providers' 2000 employment earnings averaged \$20,600, far below the \$34,000 average in the rest of the economy (Chart 4)" (Statistics Canada, 2002: 13).



empathy, to name but a few. However considerable research also demonstrates the unequal distribution of quality child care in Canada, particularly as a function of class (Doherty, Friendly and Forer 2002; Friendly 2004; Prentice 2007a; Prentice 2007b).

Feminists have long argued for quality affordable child care as a necessary component of achieving equity for women. Yet the voices of groups involved in child care advocacy, such as Status of Women Canada, have been weakened or silenced in recent years by virtue of lost funding (CRRU 2009: xiii; Jenson 2009). In an era of neo-liberalism, political gains are an uphill battle, often made by speaking the language of 'investment.' However, support for care that is framed in terms of either economic or social investment in human capital dilutes the political character of the debate from one of equity for women and children's rights to that of market rationality. Such a strategy also leaves gains susceptible to reversal (Jenson 2009, Adkin and Abu-Laban 2008).

Whether centered around children, women, or 'families' (the definition of which varies by ideological position), liberal ideologies frame early learning and child care as promoting equality of opportunity and values of independence. As a strategy of poverty reduction, targeting 'at risk' children -and by extension mothers- early learning and child care becomes a cost savings measure. Because a primary benefit of quality child care is better social and educational outcomes for children, child care is argued to serve to improve the future labour pool from which capital can draw and reduce future expenditure and reliance on the state (Adkin and Abu-Laban 2008). In other instances it is touted as a solution to declining fertility rates depleting the labour force, therefore enabling more women to fill the needs of capital (Grant and Hoorens 2006). While

certainly these outcomes make good policy sense, equity is not and should not be merely equal opportunity for capitalist exploitation.

Although most provisions of the welfare state have been systematically dismantled by Canadian federal, provincial, and municipal governments adopting neoliberal logic, child and family policies had been one of the few areas of moderate expansion or at least lesser deterioration over about the last decade (Prentice 2002, Bezanson 2006) hinting at the possibility for change or potential for a paradigm shift (Dobrowolsky 2009: 4). Yet certain policy moves reverse progressive strides and other Canadian child policies are replete with examples of neoliberal rationale, as the following excerpt from Canada Revenue Agency's (2009) description of *Canada Child Benefits* so explicitly demonstrates:

The **NCB** is a joint initiative of the federal, provincial, and territorial governments. This initiative is designed to:

- help prevent and reduce the depth of child poverty;
- ensure that families will always be better off as a result of parents working; ... (CRA 2009: 17).

Such statements demonstrate regard for care work as non-work, as well as a universal adult-earner, pull yourself-up-by-your-bootstraps mentality. While child poverty is crucial to address, these statements speak nothing of women/mothers' poverty. At the same time, Canadian policy also presumes and perpetuates the existing gender order:

For CCTB purposes, it is presumed that when both a male and a female parent live in the same home as the child, the **female parent is considered to be primarily responsible for the child** (CRA 2009: 8, emphasis in original).

Under the EI system, high rates of exclusion, low rates of compensation for mothers on maternity leave or either parent on parental leave, and the absence of a paternity leave period are also criticized. Women's non-standard work practices and

involuntary part-time work leave many ineligible for compensated leave (MacDonald 2009; Porter 2003; Madsen 2002). Women's overall lower average earnings ensure that mostly women will take the leave period if eligible as the lesser financial impact on the household (*ibid*). Without a specific paternity leave, men are not actively encouraged to take on a greater role in care work for their children that could establish positive involvement at the earliest ages- a time research shows as especially defining in the creation of gendered identities of couples as families (Fox 2009).

The Universal Child Care Benefit, promoted by the federal Conservatives as 'choice in child care,' does not begin to cover the costs of child care nor does it ensure that care is available for those who require it, at the times and in areas that child care is required. The UCCB unevenly benefits traditional single-earner dual-parent households over single parent or dual-earner household types (Bezanson 2010). Consistent with a neoliberal agenda coupled with a neo-conservative take on family values, the child care policy reversal removed the federal government from an active role in social reproduction by reifying the responsibility of the private sector, instead acting as a conduit of information to promote 'family friendly' or 'work-life balance' policies for business to 'choose' to provide (Brady, 2008).

This work-life balance approach privatizes the responsibility for 'balance' by blaming individuals' 'non-work' for ensuing imbalances, which are therefore individuals' responsibility to solve (Brady 2008). Such government policy of self-help does not mediate structural causes of imbalance. In this framework, public support to families and children is only considered or proffered if justified on an economic basis, as a

savings to government or business such as by producing better workers or less cost to healthcare. In doing so, this approach ignores gendered dimensions of unpaid work, ignores the economic value of unpaid work, and does not even recognize unpaid work as in fact being 'work', let alone socially necessary, by assuming 'non-work' activities to be voluntarily chosen. Such assumptions lumps all unpaid work with 'non-work' including leisure and educational advancement. By emphasizing economic consequences of 'imbalance,' the problematic of policy becomes 'imbalanced lives' rather than structures of inequality (Brady 2008).

Kate Bezanson's (2010) findings emphasized that "*services and adequate funding* were needed for child care; in short, a child care strategy that is mixed and responsive to the needs of a variety of family forms, not a small, taxable and unevenly targeted payment" (31). As cited from one participant in Bezanson's analysis of the UCCB:

[The Universal Childcare Benefit is] not universal and it's not childcare. It provides me no childcare. If you actually work it out dollars and cents, by the time taxes are taken off it *might* get me two days a month. ...And that's useless to me if I can't find [any child care spaces] ... that I have any confidence in at this point [because there are no regulated spaces] (2010: 25)

Instead of moving forward, many critics describe this move as a neoliberal reification of private responsibility for care and a regressive step for Canadian child care policy and for women (Adkin *et al* 2008; Bezanson 2010).

Canada's reliance on market-based childcare provision has had the effect of seeing the already-inadequate number of quality child care service distributed so as to be concentrated among the more affluent, with less affluent areas even more

underserved and confronted with lower quality of care available (Mahon 2006; Prentice 2007). Under for-profit child care, with the 'bottom line' as its *raison d'être* - quality childcare is subject to market conditions and cost effectiveness, therefore high cost quality programs are frequently located in areas where parents can afford to pay higher user fees (Doherty, Friendly and Forer 2002; Prentice 2007). Relying on market-based rationality devalues both the lesser-earner of households (most frequently women) and perpetuates inadequate compensation for caregivers (also predominantly women). Poor working conditions and compensation of child care providers undermine skills and professionalism of caregivers with serious implications for quality of care (Shriner *et al* 2008). Regulated care tends to cost more, but is also predictive of higher levels of care quality. The same is true of higher levels of caregiver training. But unfortunately even in Canada's most regulated environments, where a level of training is typically required, the care of children is subject to 'price point' evaluations. As described in Statistics Canada's *Profile of the Childcare Industry* (2002: 13) report;

...[center-based] childcare providers' 2000 employment earnings averaged \$20,600, far below the \$34,000 average in the rest of the economy (Chart 4). However, childcare centres must balance the needs of their employees with those of their clients, and sizeable remuneration increases could lead to higher and therefore less affordable fees for parents.

Private providers are not required to take on subsidized families that would yield less payout and may avoid doing so where market conditions allow. At the same time, the quality of non-profit regulated childcare spaces are jeopardized, strained by keeping user fees manageable for parents in the face of chronic underfunding, thus creating difficulty in attracting and retaining qualified personnel (Friendly 2009).

Parents who might otherwise choose regulated early childhood education and care are frequently confronted by long waiting lists, scarcity of professional quality care, and exorbitant or out of reach costs (Prentice 2007a). For mothers of very young children, often returning to the labour force from maternity leave, these difficulties are compounded since most centers do not accept children under 18 months (Statistics Canada 2002: 9). Those that do offer care for infants do so at a premium owing to higher staffing costs related to the greater care intensity needs of children in this age group (*ibid*). Caught between costs, income needs, employer driven schedules, and availability of child care spaces and hours, many women find themselves in positions where regulated quality child care is not an option, leaving such women increasingly vulnerable.

Meeting the needs of care for children in an inadequate child care system also means more part-time, flexible, and less secure paid work for women. Though a high percentage of women are in paid work full time, far more women than men work part-time, particularly in the average-age childbearing cohort<sup>38</sup>. Women make up approx 70% of part-time workers<sup>39</sup>, a figure not appreciably changed since the 1970s. The fact remains that women "...are far more likely than men to work part-time because of child care or other personal or family responsibilities" (Statistics Canada 2006b: 109). The pressures of gendered presumptions of care and of androcentric work environments

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<sup>38</sup> 34% of 25-44 year old women (Statistics Canada 2006b).

<sup>39</sup> This statistic does not distinguish between voluntary and involuntary part time work.

impact even women in the most elite of careers (Stone 2007), while overall, men have not altered work patterns to manage the 'balance'.

Individual responsibility for child care –such as the Canadian case- means that the responsibilities for making child care arrangements typically falls to the mother who is otherwise presumed to be providing care (Pratt 2003; Luxton and Corman, 2001). Since women remain primarily responsible for care giving in the domestic realm, their engagement in paid work outside of the home is often regarded as a calculation of childcare expenditure. Replacement care work is then cheapened by market rationality (Pratt 2003). While this is true of the discourse found at the micro level in Pratt's (2003) study, it is also evident in the nature of public policy. The Child Care Expense Deduction, for example, must be claimed by the lesser earning parent (resulting in a lesser household return), perpetuating the implicit assumption that the lesser earner is both responsible for care giving and for paying replacement care work, rather than a shared household responsibility or expense.

Canadian women continue to have lower average earnings overall, and more so as lone parents<sup>40</sup> (Statistics Canada 2006b: 135). One in five families with children is headed by lone female parents (*ibid*: 38). In 2003, female-headed lone parent families had the lowest average household incomes, relied on a greater percentage of income from transfer payments (*ibid*: 136) and had a higher probability of poverty than either two-parent households or single-father households. Women and children of such

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<sup>40</sup> American research by Budig and London (2001, in Ridgeway and Correll 2004) also identifies an increased pay gap between women by motherhood status.

households then, are more likely to experience the impacts of inequitable childcare distribution as well. Families in the lowest income level and single-parent households also have a far greater likelihood of relying on multiple care arrangements. Such arrangements demand more juggling on the part of parents, and increase the number of hours in care and transitions in routine for children (Statistics Canada 2006a: 27). Multiple transitions are particularly hard on children and have negative consequences for children's behavior (Morrisey 2009).

### **Managing Care and Paid Work: the micro level**

Considerable research has looked at the issue of women managing care of children combined with paid work. The work of managing care itself is a form of carework (Eichler and Albanese 2007). Women's decision making around (re)entering the workforce and remaining in the workforce to varying degrees are informed by class-based ideals of motherhood, values of paid work, economic viability, and childcare cost and availability (Manson 2003; Garey 1999; Hansen 2005; Demarco, Crouter, and Vernon-Feagons 2009; Hayes 1996). Regardless of household income, informal networks of support are used to buttress arrangements for care of children, such as in instances of extended work hours, emergency or child illness, though research shows these supports may well go unacknowledged by those relying on them (Hansen 2005). The least strain is noted where resources, benefits, workplace supports, and flexible/autonomous or more traditional (day-time) hours and quality childcare exist (Demarco, *et al* 2009). Low wages, scarcity of jobs with benefits, the challenges of non-traditional hours, shift work and seasonal work, commuting, and reliance on informal



social supports in the provision of childcare are among the key areas identified as complicating factors (Ames, Brosi, and Damiano-Teixeira 2006; Hansen 2005; Garey 1999). For women in rural areas or outlying areas, these factors can be compounded by proximity to resources and informal arrangements for care more extensively relied on (Ames *et al* 2006; Demarco *et al* 2009; Pratt 2003). For low-income mothers, and particularly lone-mothers, the role of social networks in supplementing or replacing formal childcare has been especially important, though members of their networks are frequently similarly strained (Mason 2003). In their absence, managing care and paid work can become simply unmanageable, requiring either that their children are cared for elsewhere or their exit from the labour market to increased poverty (Mason 2003; Garey 1999).

Inherent in the female-carer/dual earner approach are tensions at the market, the state and the household level between social reproduction and accumulation. Child care, if universally available and well supported (where caregivers are fairly compensated and appropriately resourced) is at least one mechanism of mediating these tensions, and holds out the potential to mitigate class and gender inequality. However, given the privatized nature of child care in Canada, I move to a discussion of home-based child care as one example of how these tensions are played out at the household level.

## Chapter 4 Methodology and Method

The data from which I have conducted my analysis was collected as part of a Social Sciences and Humanities Council of Canada funded longitudinal study. The study, *Ensuring Social Reproduction: A Longitudinal Study in Three Centers*, was undertaken by principal investigators Dr. Kate Bezanson (Brock University) and Dr. Meg Luxton (York University), both of whom have written extensively on social reproduction. This study examines the combined impacts of caregiving responsibilities, the labour market and public policy, focusing on 'work-life' and 'family friendly' policies, the ways in which these policies are accessed and their effectiveness in supporting the management of unpaid carework and paid work. From this study, my examination of reliance on home-based child care for women in paid work asks the following: How do parents come to using unregulated, home-based, non-familial child care? What are their experiences in acquiring and managing child care arrangements? What are the implications of relying on child care of this type for especially women managing carework and paid work? How do public policy, divisions of labour, child care needs, and workplace demands shape parents' decisions? What can be gleaned of the quality of care children receive in these care arrangements? I examine the implications of this form of child care for women engaged in paid work and carework using the longitudinal data collected from in-depth interviews in the *Ensuring Social Reproduction* study. Fourteen participants in this study identified using or having used home-based child care providers at one time. My analysis focuses on these households and draws comparisons with users of other child

care services and arrangements. Where data permits, I examine those who identify as having been unregulated home-based child care providers as well, and consider factors that contribute to choosing this form of paid work.

In my capacity as a research assistant on the *Ensuring Social Reproduction* project, I have had the opportunity to partake extensively in the research process. I was not involved in the initial proposal for funding, nor the original ethics application, but joined the project at the point of developing the interview schedule for the first round of interviews. My contributions have included involvement in schedule development, screening and sampling, conducting of interviews, transcription and transcript review, data management, resource sourcing, coding using qualitative data software (NVIVO) and analysis. Permission to use the data has been obtained from both principal investigators. At the onset of this thesis, the data set was complete, requiring no further involvement of human subjects and considered to be secondary data, therefore did not require additional Research Ethics Board clearance.

In essence, by choosing to use data from the *Ensuring Social Reproduction* study, the methodology has been selected for me by the principal investigators. The researchers used a feminist approach to the design of their interview project. Feminist research is most often, though not exclusively, associated with qualitative methods. Qualitative methods, such as in-depth or semi-structured interviews, oral histories and ethnographies, do not use deduction that seeks to prove an existing hypothesis as in quantitative methods, but aim instead to discover and explore the unknown, using an inductive, or bottom-up, approach (Reinharz 1992; Berg 2001). Effective interviewing

allows for rich data, opportunities for clarification and discussion and, with active listening, the ability to respond with questions as issues arise during the interview process. The complexities of interweaving divisions of labour, labour market attachment and public policy that might otherwise be hidden in the realm of the private sphere are then better revealed.

Reinharz (1992) describes several benefits of repeat in-depth interviews including improved accuracy and opportunity to check in with participants on meaning during the interview as well as during transcript review. Significantly, in multiple interviews, relationships develop and more focused discussions are said to result. As a longitudinal study, rapport and comfort level between the participant and interviewer can be enhanced in subsequent interviews for a given household conducted by the same interviewer. Given that child care arrangements and needs fluctuate by a number of factors including age, number of children, household composition and labour market characteristics of households, the added benefit of using longitudinal data allowed for greater understanding of how these needs and arrangements are managed over time.

Feminist research dismantles hierarchies between researcher and participant, places great emphasis on giving voice to participants, seeks specifically to regard participants as expert of their own knowledge, and employs ongoing reflexivity on the part of the researcher (Reinharz 1992; Stanley and Wise 1990; Ollenburger and Moore 1992). Some of the pragmatic implications of employing feminist research for this project to date will be more fully addressed under discussion of methodological and ethical considerations.

***Principles of feminist research:***

Feminist research breaks from traditional concepts in many ways and adds new dimension and breadth to the investigation of phenomena by applying feminist principles to empirical study (Ollenburger and Moore 1992). Although the existence of multiple branches of feminist theory demonstrates a lack of agreement on the specific nature of how society constructs gender inequality, feminism can be simply understood as “a struggle to end sexist oppression” (hooks 2003: 50). As such, feminist research focuses largely on women’s issues, although it is not limited to women’s issues exclusively. Because women are not a homogenous group, their experiences must be spoken of and recognized in the plural and open to accepting diverse and multiple validities (Harding 1987).

Feminist research methodology does not only challenge traditional methods of research, but the ideology and goals of research as well. Feminist research agendas can be described as collaborative, reflexive, action-oriented, woman-centered, empowering and emancipatory. By dismantling social hierarchies, those who are marginalized are brought in to the ‘middle’, being given central focus that allows voices of the silenced to be heard.

The dismantling of hierarchies requires that their existence first be recognized and made problematic. By problematizing the norm or hegemonic ideals, the overt, the implied, as well as the covert can be made obvious (Smith 2000). Work that is woman-centered, for/of/by rather than at women (Harding 1987; Ollenburger and Moore 1992), does so in relation to women’s lives and experiences. Where male dominated

institutions and traditional research have ignored or trivialized topics of significance to women, feminist research sheds light on patriarchal inequalities and restores women to historical record (Ollenburger and Moore 1992).

The dismantling of social hierarchies includes breaking down the hierarchy between researcher and research subject, such as through collaboration. To be truly collaborative the researcher must be able to see the research subjects, participants, or narrators as equals in the research process. In practice, this includes actively consulting the narrator and being open to review, bettering both the research process and results (Patai 1991). A dissenting viewpoint does not preclude the researcher's interpretation of the data but allows for even greater accountability, not only to other academics and the women's movement, but also to the participants themselves through a process of negotiation (Ollenburger and Moore 1992; Kirsh 1999; Borland 1991).

Reflexivity is particularly significant to feminist methodology. Recognition of the subjective presence of researchers requires being open to reexamining the self and the challenges and decisions encountered in the research process (Mauthner 2000). Such reflection considers the impact of the research on the researcher, examining how the questions and perspectives of the researcher change in light of discovery and new learning along the way, as well as how conflicts and dilemmas could have been addressed differently. As a result, reflexivity allows for even greater accountability and scrutiny of the findings by locating the researcher within the process.

**Reflexivity: Situating the researcher in context of the research**

Feminism rejects traditional notions of objectivity and neutrality in research as a facade. Whereas positivism claims that by removing the researcher from the research process, objectivity can be achieved and the singular truth can be revealed, feminist researchers espouse that by *identifying* subjectivity we come closer to objectivity (Harding 1987). In any research, the researcher's influence exists in innumerable ways and is therefore subjective; the researcher determines what is researched and how to go about it, what information is relevant to the findings, if and how the findings will be disseminated, and what power dynamics are brought to the table. To deny this gives a false impression of neutrality. Identifying the researcher recognizes the understanding that 'there is no view from nowhere,' that the perspective taken will invariably be subjective (Morley 1996). Declaring bias, then, allows for increased scrutiny by acknowledging subjectivity rather than burying it.

Declaring bias also recognizes the existence of ever-shifting multiple selves (Neilsen 1998). No one is unidimensional. At the same time as I am a white, middle-class, 'maturish' graduate student, I am also a mother, a partner, a sister, a daughter, a friend, a Catholic (at least by tradition), a homeowner, and an interpreter. Experiences of success and of failure, of past homes and relationships, all shape my perspectives, my reality. Those who are study participants are also individuals, equally complex and shifting, and we can therefore only subjectively know that portion which we are being permitted to see (*ibid*). This should not be viewed as a limitation of feminist research,

but in fact as a strengthening of its findings by recognizing and accurately reflecting the scope of what is learned.

My interest in unlicensed, non-familial home-based child care stems from my own experience as one engaged in paid work outside of the home, in academic studies, and in the unpaid work of social reproduction as a mother. The recent encroachment of urban sprawl has seen the arrival of the first (for-profit) child care center in my rural-suburban area. Prior to this, no center-based childcare facilities were within easy reach and only a handful of almost exclusively unregulated, non-ECE, home-based providers were available at any given time. Mine is a dual-earner/dual-commuter household with both adults working irregular schedule patterns, including shift work. Having relocated far from our respective childhood homes over time to our current area of residence, -as is common place in a highly globalized, neoliberal labour market demanding a mobile and flexible workforce- neither my partner nor I have physical access to the familial ties that are often presumed, utilised and/or are relied upon for any degree of child care. This combination makes for one of the most vulnerable and complicated scenarios in the arrangement of child care (DeMarco, *et al* 2009).

Though I am privileged in a myriad of ways, not the least of which is the opportunity to spend significant 'quality' time with my children (as defined by white, middle-class ideals<sup>41</sup>), I, like so many, *rely* on child care providers to enable academic studies, labour market participation including for immediate and long-term economic security, personal and social reasons, and to contribute to community. Home-based

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<sup>41</sup> See Hays (1996) *Cultural contradictions of Motherhood*.



childcare was not our first choice, but we did benefit from the flexibility of providers willing to accommodate much of our schedule irregularities. Several wonderful, caring individuals have provided care for my two young children. That being said, though stable, quality childcare and continuity of care had been our parental goal, the quality of childcare sought was not always available and my children have experienced very high turnover. Their providers have left or moved on for a variety of reasons; a new home, new jobs, the arrival of a new child. Each time, my children have faced another transition, getting to know a new caregiver, a new environment, a new routine and new friends. Each time I have faced a new child care search, renewed anxiety over the safety and quality of my children's care, and renewed uncertainty and insecurity in my paid work. In my oldest child's short five years of life, he has already been in six different care environments over just a four year span.

I thus come to the topic of relying on home-based child care as one who has lived it firsthand. Through the course of working with the *Ensuring Social Reproduction* project, I noticed both striking similarities and vast differences in the stories of others utilising home-based child care. It is the combination of these experiences and observations that has led me to more systematic investigation.

### ***The data set:***

The *Ensuring Social Reproduction* study follows people combining paid work and caregiving responsibilities. Semi-structured interviews were conducted with expectant parents and parents of infants less than age one (to assess leave-taking determinants),

parents/guardians of young children (age five or under in round one), and individuals with elder care responsibilities. In some cases, participants were engaged in both infant/child care and eldercare. Some who had young/infant children in either the first or second round were on maternity or parental leave at the time of the interview. The same people were interviewed a second time on average 12-18 months later, usually with the same interviewer.

In-depth interviews were conducted with 49 households, with retention of most for a second interview over a two year period<sup>42</sup>. Households were interviewed in three geographic areas of Ontario<sup>43</sup> of varying community size: the Greater Toronto Area, the Niagara Peninsula and a center in central-north Ontario. From participant referrals, purposive sampling was used to reflect various levels of household income, household composition and ethnic heritage. Household configurations in the sample as a whole included single parents, dual parents (heterosexual couple spouses/partners<sup>44</sup>), blended families, 3-generation households, and one household with two parents, their children, and a friend who participated as a member of the household, assisting with child care and home maintenance. The cultural/ethnic groups identified and income ranges of households varied. Of these 49 households, 33 households were responsible for caregiving for at least one child under the age of six at the time of either the first or second interview, a number of which also included older children in the household. I

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<sup>42</sup> Attrition was primarily due to loss of contact resulting from participant relocation.

<sup>43</sup> One household interviewed that was involved in the provision of eldercare was from a different Ontario location comparable in size to the Niagara Region but will not be under consideration for the purposes of this project.

<sup>44</sup> Same-sex couples were sought and one same-sex couple had planned to participate, but felt the need to withdraw early into the study due to extenuating circumstances.

examine 28 of these households, 14 of which used home-based child care (See appendix, p.173 for specific breakdown of characteristics by household for households under consideration<sup>45</sup>). Both men and women were among the primary participants (i.e.: the primary caregiver being interviewed), however the majority of men participating in interviews were involved in eldercare. Of the households relevant for consideration in this study, all primary participants were women.

### **Methodological and ethical considerations:**

The interviews were conducted using a semi-structured interview design and open ended questions. Semi-structured interviews allow consistent areas of interest to be targeted, while at the same time allow flexibility to be open to participants' responses and explore those responses further (Berg 2001; Reinharz 1992; Harding 1987). The production of non-standardized information allows greater realization of differences among people (Reinharz 1992). Policy research often employs large samples of survey data that require the use of predetermined response options. However, doing so in this study would have captured neither the complexity and variation of intersections nor the unanticipated responses proffered.

The questions for each of the first and second round interview schedules were ordered and sectioned by category, including household composition, employment and household income (including subsistence, employer and state benefits and benefit eligibility), 'typical day' paid work and carework and management of the two, child care

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<sup>45</sup> Households on reserve, accessing child care services on reserve or through First Nations were not included as these arrangements fall under federal jurisdiction and different legislation, as noted earlier.

arrangements, social networks and supports, reflections on workplace and public policy, and household finances. Piloting of each interview schedule was undertaken by the two lead researchers and two research assistants. Feedback from the research team as well as feedback from 'test subjects' was reviewed and incorporated into the final interview schedule design for each of the first and second round. The second round interview schedule was developed after the completion of the first round of interviews, allowing the research team the chance to reflect on early findings, to integrate new knowledge and to adapt questions accordingly to pursue evolving threads, improve clarity and flow, and draw out more specifics such as greater reflections on interconnectivity and degrees of economic precariousness. The first round of interviews had included questions used in other studies of carework and paid work to be able to compare research findings (See Crompton, Brockmann and Wiggins 2003). Upon reflection, it was felt that asking these questions orally had proved somewhat awkward, impeding the flow of the interviews and participants' narratives. It was therefore decided that these same questions would be asked instead by using a Likert form (see appendix, p. 170) at the onset of each second round interview. Comments arising from the completion of the form were captured on recorder and allowed participant-led discussion without the earlier sensed disjointedness.

Each interview was approximately one to two hours in length. Interview sites were selected according to participants' access and/or preference. Most interviews took place in participants' homes. Others occurred in restaurants, coffee shops, or on-site (university). Participants were reimbursed for parking or travel and child care

expenses as applicable. While most interviews were one-on-one, on four occasions, more than one household member was interviewed at the same time (two interviews each with two caregivers, two with both caregiver and elder care recipient). In other instances, other household members were present in the home or arrived mid-interview, but were not interview participants.

All interview participants signed informed consent (see appendix, p. 172) and were advised at the outset of each interview that they could refuse to answer or speak off the record at any time. Participants were invited to choose their pseudonyms, though some were changed to avoid confusion where actual names of participants were duplicated by the pseudonyms chosen. Participants were asked to complete a demographics form in the first round and asked to review the original information in the second round and update accordingly. Data gathered from the demographic forms were entered into a database using Microsoft Access by one of the research assistants for later ease of retrieval. This data included information on household income, household members, household members' ages, sex, province or country of origin, education, occupation, employment and government benefit eligibility, and engagement in carework. Additional questions of hours of carework performed by each household member replicated those asked by Census Canada (Statistics Canada 2006c) for potential comparison.

During the process of data entry, it was found that some participants had not filled in the question of household income. Others had indicated an income range that spanned across the Low Income Cut Off (LICO) for their household area and size. Since

household income has significant implications in public policy for benefit eligibility, the relevant participants were contacted by phone or mail including a reply card and self-addressed stamped envelope or asked in their subsequent interview for the missing data. Where participants could not be reached by reason of attrition, household income was ascertained by compiling all available information, including reported household members' occupation(s), hours of work, hourly wages, seasonality, and government benefits (a very useful indicator especially where dollar amounts were available).

All parties engaged in conducting interviews or work with research data (i.e. transcribers) were required to sign a confidentiality agreement. Transcription was undertaken by members of the research team identified above and undergraduate transcribers. Transcript review was primarily performed by one of the research assistants, though in cases of reduced audibility, the original interviewers were also consulted for verification of accuracy.

Files and recordings were identified and stored by region and number only. Computer access has been password protected and files kept in a locked cabinet within a locked office. All names of household members, other related people, cultural or community affiliations, businesses, or institutions that might be potentially identifying were removed from transcripts. Also, where identifying, geographical locations (e.g. describing where a family member lives, the location of a former home, commuting destinations) were replaced with relative distance or travel time to obscure the specific area while retaining the character and meaning of the participants' stories.

As discussed, feminist research methodology is described as ideally collaborative and empowering (Reinharz 1994; Harding 1987). By regarding the subject as expert, the researcher aims to avoid objectification and exploitive relations of power and control. This means respecting the research participants as equals in the research process and breaking down the hierarchy between researcher and research participant, such as through collaboration. As the owners of the information, their privacy should be respected, as well as their wishes regarding sensitive information. To that end, where concerns of particularly identifying information arose around recorded information, transcripts were reviewed by the participant with the original interviewer before those transcripts were coded or made available to the rest of the research team. I also specifically employ the term 'participant' rather than interviewee, subject, respondent, or informant in attempt to demonstrate regard for those whose information is shared as equals.

#### **Limitations of analysis:**

As a study of paid work and caregiving that includes elder care, not all interview participants in the *Ensuring Social Reproduction* study used child care, used specifically home-based child care, or even had children. The sample drawn from in this instance is a subset of the larger group. This relatively small sample size, therefore, cannot be said to be representative nor does it allow for sizable generalizability. However, the data does reflect Canadian trends in economic participation and family forms. Analysis is further confined by using a data set collected from interviews that were not specifically designed to address the research question now being posed.

Snowball sampling was employed to refer potential participants for the study. Flyers, posted in public places such as libraries, child care centers, post offices, health centers, and midwives' office invited qualified individuals to contact the research team (See appendix, p. 171) and existing contacts were also asked to refer potential participants. Beyond existing contacts, the use of flyers and the consequent reliance on text may have posed a barrier for some potential participants with limited English language literacy skills who might otherwise have self selected for the study. Though lower income groups were specifically targeted, these groups proved in some instances more difficult to secure. This may be partially attributed to the potential drawback of snowballing as a sampling method. When relying on referrals from initial contacts it may be difficult to attract a diverse sample since the contacts being referred may often be of similar background and social status as the original contact (Berg 2001), thus limiting the diversity of the sample.

As another unintended consequence of snowball sampling, referral of subsequent participants by earlier participants means the sharing of the subsequent participants' contact information with the researcher by the initial participant. As such, participants in some cases were aware of other individuals' participation in the study. Even though the identity of all participants was closely safeguarded, those who may have referred each other could know who each other were and may have openly discussed their participation with each other. Referrals also meant that follow-up news at times came back to the interviewers that may have added insight into the trajectories under analysis.



The subjective presence of the interviewer cannot be underestimated. This phenomenon was evidenced in the nature of emphasis on certain areas over others observed in the data. Despite using the same interview questions, an interesting trend surfaced; depending on the interviewer (of which there were five) and their respective area of interest or expertise, different areas were more or less probed. For example, because of my specific experiences with navigating childcare and interest in the topic, I was very attentive to exploring these particular details, whereas other interviewers' foci differed. Though an abundant source of rich data, as a result, the interviews vary in the degree to which the topic of navigating childcare arrangements is specifically explored. Consequently, in some instances, though the participants' experiences may be particularly relevant to reliance on home-based childcare, the details I had hoped to uncover are less robust.

Had the original study been designed for the purposes of analysing the implications of unlicensed home-based child care for women/households, the questions would have been crafted particularly for this group and participants would have been targeted in sampling accordingly, i.e. the sample would have comprised of specifically current users of unlicensed home-based child care services. That being said, the participants in the present sample are at *varying* stages of engagement with home-based child care, either considering, currently using or having used such services. Such variation may have revealed elements that might not have otherwise have been the case.

## Chapter 5 The Participants

For the purposes of this study, 28 women with children under age 6 or expecting at the time of the first interview and using some form of child care in either interview were identified. Of the 28 households: 12 households were living in the Niagara region, including 8 using home-based child care (HBCC); 11 households were in the Greater Toronto Area (GTA) including 2 using HBCC<sup>46</sup>; and 5 households were in central-north Ontario including, 4 using HBCC. Three households had both child and significant elder care responsibilities. Three women were also identified as having provided HBCC at one time and two others were contemplating providing HBCC at the time of either the first or second interview.

A considerable portion of the women participating in this study were enrolled in education and training on either a part-time or full-time basis<sup>47</sup>, while also working either part- or full-time. A total of 10 of the 28 women were in study/training: 4 (13.29%) of whom had part-time schooling with full-time paid work, and 6 (20.68%) of whom were in school full-time with part-time paid work. Most of these women were not among those using HBCC, however, for the purposes here, child care for 'work' then does not always mean 'work for pay' but includes study as in the same vein as paid work.

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<sup>46</sup> Because of the comparatively small number of home-based child care users in the GTA, comparisons across community sizes were limited.

<sup>47</sup> While these proportions might be somewhat higher than representative, younger women are very likely to be enrolled, in postsecondary. In Canada, women's levels of education have been increasing: by 2001, 67% women aged 20 to 24 and 60% of women age 25-44 had some form of postsecondary educational training, and 37% of women with jobs were in some kind of job-related continuing education (Statistics Canada 2006a).

Participants used various types of childcare over the span of these interviews and were identified over the life course of their child(ren), therefore the total number of arrangements exceeds the number of participants identified as relevant to this study. The following numbers of women identified having experience with each respective care type, either as currently using in the first or second round interview, previously using, and/or arranged for and planned to use for imminent returns to paid work:

- 14 women used home-based child care (HBCC): 12 of which were unregulated, 2 regulated
  - Of these 14, 2 women used HBCC where the provider is a family member. In these cases, the care arrangement shared characteristics with non-familial home-based child care users- i.e. a paid arrangement, where the provider also provides care for others without a familial connection. As will be discussed, this situation does present its own unique set of dilemmas.
- 11 women used relative (non-parental familial) care, either inter- or intra-household, and in some instances shared between multiple family members.
- 12 women used center based care (CBCC), including 2 CBCC within schools which were separate from Before and After (B&A) school programmes.
- 9 (32.14%) women received subsidized child care; 7 for subsidized CBCC, 2 for subsidized HBCC.
- 3 of the 28 women routinely used multiple care arrangements at one time (for work/training hours).
- 10 of 28 women identified changes to their child(ren)'s primary care arrangement/primary provider between the first and second interview.
  - An additional 3 had different care for summer months.
  - 3 others had been on maternity/parental leave
  - 7 are unknown (not available in second round of interviews)

The use of the different types of care are fairly evenly split across categories, with higher numbers of CBCC in large urban centers, higher numbers of familial care in immigrant/1st generation Canadian families, and higher numbers of HBCC in rural areas.

Also, most users of CBCC were either low income, with access to full or substantial levels of subsidy, or high income and able to afford higher user fees.

Though diversity had been sought for the larger sample, because the sample of HBCC users had not been designed to reflect diversity specifically within care types, the resulting subsample is surprisingly homogenous. Users of HBCC were almost invariably in low-middle (marginally above LICO) to middle income households, lived in common law relationships or were married and were without child care subsidy, and almost exclusively of western European decent (3 English, 1 English/French, 1 Italian Canadian, 2 of Western European and Aboriginal background, 4 'Canadian' and 2 not identified). None had below a high school education, and almost all had at least some post-secondary education. High income households were evenly split between CBCC and HBCC- one of which was a familial HBCC provider. Though not a representative sample, each of these trends is quite consistent with trends identified by Statistics Canada (2006a).

Table 7: Number of women using care type by family status<sup>48</sup> (rounded to nearest whole #)

Married/Common-Law:	Lone-parent:	Multi-generational hhd:	Other:
HBCC: 93%	HBCC: 7%		
CBCC: 75%	CBCC: 25%		
Familial: 18% <sup>49</sup>	Familial: 55%	Familial: 18%	Familial: 9%

As households changed between married/common-law and lone parent household type over time, their care type also tended to change; e.g. at times, former HBCC users switched to CBCC when becoming a lone parent, and vice versa. For those identified as

<sup>48</sup> Family status at time of using care type.

<sup>49</sup> Familial care was limited to being a secondary non-parental care arrangement in this group (averaging <1d/wk).

living in multigenerational households, these women were *single parents* within multigenerational households- as opposed to coupled parents. At times how they identify as an economic unit conflicted with their descriptions as a social unit.

Income spreads among the participating household members using child care (N=28) ranged from very low income to very high income.

Table 8: Income spread of the child care sample (2006)

	Number	Percent <sup>50</sup>
Below LICO:	5	17.86
Marginally above LICO (<\$5,000):	5	17.86
>\$5000 above LICO to \$50,000:	2	7.12
\$50,000 to \$75,000	8	28.57
\$75,000 to \$100,000	4	14.29
High (>\$100,000)	4	14.29

Income spreads for those using specifically unregulated home-based child care (N=12) were considerably less varied:

Table 9: Income spread of home-based child care users (2006)

	Number	Percent
Below LICO:	0	0.00
Marginally above LICO (<\$5,000):	2	16.67
>\$5000 above LICO to \$50,000:	1	8.33
\$50,000 to \$75,000	4	33.33
\$75,000 to \$100,000	3	25.00
High (>\$100,000)	2	16.67

Participants identified finding their home-based child care providers in a variety of ways. Some routes were impersonal such as by internet (Jade) or newspaper advertisement (Tanya, Rebecca). Other routes were personal referrals accessed by mobilizing social networks –through family, friends and neighbours (Joanne, Heidi, Fiona), churches (Gillian, Natalia) and schools (Hannah). Only those with subsidy

<sup>50</sup> Rounded to the nearest one-hundredth.

identified finding care through an agency (Oksana, Samantha), though others had tried and had been unsuccessful.

## **Participant Profiles- Home-based child care users**

### **Niagara**

#### **Jade**

Jade, her husband, two school-aged sons, and young daughter live in the Niagara region. She identifies her and her family's ethnicity as 'Canadian'. Jade is in her mid-thirties. When we first interviewed Jade, she was on maternity leave from her full-time position working at a small independent retailer. This work is not related to Jade's college education in a field Jade describes as not conducive to motherhood. Jade's husband commutes to his work in a home-building related industry, working in excess of 40 hours per week, Monday through Friday and often on Saturdays. Neither Jade nor her husband has employer benefits. Their combined income makes them a middle income household. Neither have family in the area, but rely on friends and neighbours for instrumental support. At that time she was working part time, 'banking' hours while on maternity leave, and managed to care for her infant daughter by taking her usually-sleeping baby with her and going in 'for an hour or two' when customers were not around.

Her prior care arrangements for her two older sons included a retired former neighbour who provided home-based care for \$100 per week. Because Jade's family had recently relocated, this arrangement is no longer an option. For her full return to work, Jade anticipated her child care arrangements would include bringing her infant daughter

to work, reduced work hours so that she would not “have to pay as much in actual care” and “try[ing] to find a home daycare that [she] can afford.”

By the time Jade returned to full-time work, her job situation had changed. Though she had earlier described her position as “secure,” this was not in fact the case. Several months in advance of her return, Jade learned that her place of employment no longer could support the same number of hours Jade had previously been working. Instead of returning to fewer hours, a lesser paycheck, and affecting the already limited hours available to those who had filled her position in the interim, Jade took a new position found through personal connections with a somewhat larger company and continued to work for the smaller retailer for a few hours a week on Sundays. This decision moved up her anticipated return-to-work date, leaving less time to secure child care for her infant daughter.

Jade avoided using a licensed referral service company that she had heard did not treat its providers fairly by charging substantial fees to parents for overhead while paying out less than unregulated market rates to providers. Through the school year her daughter is in daycare with an unregulated home-based provider whom Jade found on the internet, paying \$160/week. She pays an additional \$70/week to two neighbourhood adolescents (a girl age 12 and boy, teenaged) to walk home and watch the boys after school. This amount has proved difficult for the family to manage. At the time of the second interview, Jade was in arrears to her young providers for their service during the school year. During the summer she pays \$160/week for all three children to a neighbourhood 14 year old. Although her adult provider has informed her that she

will be increasing her rates by \$10/wk, Jade anticipates less expense for the upcoming school year: her oldest son will be turning 11 and she will no longer be paying for after-school care, instead relying on sibling care; her oldest son will be able walk home and look after his younger brother for the hour between their arrival at home and Jade's return from paid work. Jade's provider has also announced that she will be reducing her hours of availability, which will impact Jade's work schedule.

### **Tanya**

Tanya lives with her husband and five children, three of whom are teenagers from a prior marriage. She identifies her ethnicity as English-White and does not disclose her level of education. Tanya, 36 years old, had recently finished a year's maternity leave, returning to working full-time night shifts at a 24-hour community service organization. She describes her employment as being as 'stable as can be' but with few employer benefits. Her husband works for an entertainment venue, primarily days, but also occasionally weekends and evenings. Both work in the area they reside. Between them, they are able to manage much of the care for their infant and toddler by off-shifting.

For times when their schedules overlap, the youngest children are cared for by either an unlicensed home-based care provider whom Tanya found through a newspaper advertisement, or by their older siblings. This was Tanya's first experience securing child care and "didn't really know how to go about doing it" since she had not used non-parental care for her older children. Her provider is willing to care for the two children on an intermittent basis and "take them overnight" as needed for \$25/day for



one child and \$15/day for the second totaling \$40/day, keeping her child care expenses minimal.

### **Joanne**

Joanne is in her late twenties. A college educated single parent of a four-year old daughter in the Niagara Region, her combined income from her full time job as a hair stylist and part time job as a bartender puts her income marginally above the Low Income Cut Off for her area. Joanne describes herself as Canadian and is of Jewish heritage. At the time of the first interview, she was living with her daughter in her father's middle class home and until recently had been living with her father in an effort to save money to be able to purchase her own home. Her father, sister, and mother are very involved in both the routine management of care arrangements and care of her daughter as well as back-up when needed. Her daughter's father is a presence in their lives, however is not a provider of financial support and is described as unreliable and inconsistent for caregiving.

At the time of the first interview, Joanne's daughter had recently begun junior kindergarten and attended the in-school full-day JK/SK before and after school program, a program which she describes both she and her daughter are extremely happy with, and for which Joanne received full subsidy. This care is augmented several days a week by her family members beyond the day care's scheduled hours. Prior to this, Joanne had used the services of an unlicensed home-based child care provider paying \$600 per month for three years where her daughter was the only unrelated child, but despite

qualifying for subsidy, had specifically avoided regulated home-based subsidized providers.

By the time of the second interview, Joanne and her daughter were living in Joanne's recently purchased home with her boyfriend. She reports that despite the presence of an additional adult in the household, her carework has not decreased and in many ways has increased. Household finances are not shared between the two. Joanne's daughter continues to attend Senior Kindergarten at the same school which is now in a different municipality from where she lives in order to facilitate the extended familial care she receives. However, her current subsidized program is only available to students in JK/SK, so she is once again in the process of trying to make care arrangements for the coming fall.

### **Gillian**

Gillian lives in the Niagara region with her husband of three years and her infant daughter. Gillian is in her mid-twenties, has a high school education and identifies her ethnicity simply as 'Canadian.' Their combined income is marginally above the Low Income Cut Off for a household of their size in their region. When we first met Gillian, she was on leave from her full time job as a sales associate at a major retailer, but just prior to her leave had for a brief time been covering a maternity leave for a supervisor's position at a higher wage. She has some employer benefits, though she is not familiar with what they include. Her husband works for a postal service on an on-call casual basis with a high degree of fluctuation and for only three hours at a time, though he hopes to

be hired on full time at which point he would be eligible for benefits. He also is self employed as a photographer, often requiring work on weekends.

Their pregnancy had happened earlier in their marriage than the couple had anticipated. Gillian would ideally prefer return on a part time basis to her place of employment or to not return and to remain home as full-time caregiver for her daughter, as her own mother had done. Her in-laws are an hour away and Gillian's family lives in the area, both of which are relied on for financial support and her family for caregiving. With her father retired and mother working part time, Gillian had been "hoping [they] could con [her] mom into taking care of [her daughter] full time." Gillian "just [didn't] want to pay for it," though she anticipated with some resentment that this would not be the reality.

By the second interview Gillian had returned to her close-to-home retail position 40 hours per week and her husband had been hired on as permanent part-time with benefits with the postal service. Her hourly wage is less, having returned to her regular position. Though her parents are not providing ongoing regular child care, they are a ready source of backup care when needed and when both are required to work on weekends. Her neighbours have also volunteered to provide occasional care. They are planning on having a second child, but Gillian anticipates that she would either not return to work or would return to work only part time, citing the cost of child care as 'not worth it.'

Gillian relies on an unlicensed home-based child care provider a ten-minute drive away from her home as her main non-parental care arrangement. Gillian's HBCC

provider is willing to work and be paid on a flexible basis, working out of her own mother's home with the assistance of her mother and brother and charging \$20 for a half day or \$30 for a full day's service. Because Gillian's husband is able to pick up their daughter by early afternoon they are able to use shorter days with the provider, paying an average of \$100/week. The 22 year-old provider cares for a total of 5 children and was referred to Gillian by a member of a moms' group at her church. She is very satisfied with her present care arrangement, though fears losing it due to her daughter's present habit of biting.

### **Heidi**

Heidi and her husband, pre-teen daughter and infant daughter live in the Niagara region. Heidi is a thirty-seven year old full time PhD student, and part time instructor, often working irregular hours. Her infant daughter was a 'surprise' addition to the family. Heidi's partner works in a skilled trade full time. Their household income is in the middle income range. Both Heidi and her husband commute a fair distance (approximately 1 hour).

Although 'very satisfied' with her present unlicensed home-based care arrangement, Heidi had initially hoped to secure licensed center-based child care but was deemed to be ineligible for subsidy under the means testing system in place prior to 2007. Without subsidy and, given the extreme demand for a very small number of infant care spaces in the area, the center did not offer part-time care that was actually needed and might have otherwise kept the costs more manageable. Having 'no hope' of being able to pay the \$800 per month user fees, despite having successfully gotten to the top

of the waitlist, her preferred 'perfect' option was both inaccessible and too cost-prohibitive.

Heidi's sister-in-law, whom she ultimately turned to for care for her infant daughter, is a home-based provider who provides care to other non-related children. Heidi describes this care as "very structured." In this formal relationship, Heidi abides by the same conditions offered to other parents receiving child care, though at times the dual relationship presents ambiguous and awkward moments. Their daycare closes at 5:00 pm.

### **Hannah**

Hannah, her husband and three children –one son and one daughter in their early teens and one pre-schooler- live in the Niagara region. Hannah's son is diagnosed with Asperger Syndrome and requires special education services. Hannah is university educated, in her early forties, and identifies herself culturally as English and French. Her 35 hour/week Monday-to-Friday work as a case manager in a unionized social service environment includes extensive workplace benefits, among them pension, health and dental benefits, compressed work week options and sick days. Her husband is an educational assistant with an area school board, working school hours Monday to Friday and also with considerable employer benefits. In addition, he works occasionally in a group home to supplement household income. Their combined incomes make theirs a middle income household. The couple moved from elsewhere to their current area and thus have not had familial caregiving support.

Hannah's two-and-a-half year old daughter is cared for by an unregulated home-based provider during the school year who was referred to her by contacting an area elementary school. Hannah, who refers to her home-based provider alternately as caregiver or babysitter, pays \$150/wk [\$30/day at 5days/week] but does not pay on days child care is not used such as for Christmas or March break when her husband is off, compressed work week days off, or when her child is sick. Because Hannah's husband is typically laid off in the summer, he in the past had been available to care for their children during the summer months. However, by the second interview, due to strain on household income, he has picked up additional occasional work and they rely on the older two siblings to provide care for their youngest daughter during that time. Hannah is already planning a year in advance for her daughter's care at the onset of kindergarten, as their area schools do not offer Before and After or off-day child care.

### **Rebecca**

Rebecca lives in a middle income household in a city of the Niagara region with her husband and three year old son. Rebecca is 33 years old, has a college education, and considers herself 'Anglican'. Her work as a therapist for over a decade includes Monday to Friday 8-5 hours. She has considerable autonomy in her work, such as for the timing of appointments, and can reschedule and leave if necessary for emergencies. Her immediate supervisor and colleagues are also described as sympathetic to the caregiving needs of a young family. She has employer benefits in the form of 'flex dollars' that can be allocated to the types of support deemed needed for her household. Her husband, a unionized tradesman, also works Monday to Friday, 7-4, and has

extensive employment benefits, including a childcare stipend while finishing his apprenticeship training. Rebecca describes a fairly equitable division of household labour between them. Rebecca's mother, father, and sister-in-law all provide considerable backup emergency and evening-out care. The couple also benefits from a strong social network of friends with children of similar ages, whom she refers to as the 'baby-group'.

For Rebecca's initial return to work from maternity leave, she had contacted and hoped to secure a spot at one of 3 licensed center-based care facilities, with her son's name on the waiting-lists for the few infant spaces available. Having never received a phone call back even three years later, she instead turned to an unlicensed home-based care arrangement found through a newspaper advertisement. Before her son began care, the first provider she had secured moved out of the area, giving Rebecca a subsequent referral to another provider. Rebecca has made child care arrangements with 3 home-based child care providers and used the services of two. When we first spoke with her, Rebecca's child care provider's service fees were \$32 per day, 5 days per week. Rebecca willingly paid unused days due to child illness and statutory holidays, though if she did not, her provider "probably wouldn't say anything because she's just that type of person."

By the time of the second interview, Rebecca's son had begun school in junior kindergarten at a school chosen specifically because of its child care program. Not being able to transport her son between school and the home-based childcare provider in midday, Rebecca had again had her son on the waitlist for child care and 'lucked out' by

getting into the YMCA daycare run at the local school. This arrangement, to which her son 'loves going,' is described as being 'run really, really well.' She maintains a working relationship with her former home-based provider in case needed for the odd one-off occasion.

### **Fiona**

Fiona, an Italian Canadian of undisclosed age with a college education, lives in the Niagara region with her infant son and husband. In our first interview, Fiona had just begun her maternity leave from her employer of 6 years at a public utility in a unionized environment. Changes to her employment as a result of a merging of services two years prior have left her less satisfied with her current position. Her husband, a paramedic, works rotating 12-hour shifts. Both have highly secure jobs with considerable employment benefits. Between them, their household income exceeds \$100,000 annually. Both being from the area, they have considerable instrumental support from parents, friends and siblings. Their division of labour is described as highly gendered, with Fiona taking on the vast majority of household work. Fiona had planned to return from maternity leave expectant with their second child.

By the time of the second interview, Fiona was just about to resume her position at the utility's call center. The possibility of another merger loomed as did the threat of relocation that would require commuting, putting into question her future longevity with her employer. The amount of carework found to be involved with an infant had led them to postpone having a second child for another year. Both her partner's mother and aunt are home-based child care providers. They have opted for his aunt to care for



their son as she lives 'around the corner' for a fee yet to be determined. Though his mother has offered to care for their son without charge, she lives in the neighbouring city, which would prove more time consuming and difficult in the management of daily care.

### **GTA**

#### **Yolanda**

Yolanda, in her mid twenties, lives in rented home in a working class neighbourhood of a major metropolitan area of the GTA. She identifies culturally as Scottish, French and Aboriginal. At the time of the first interview, Yolanda and her common-law partner of several years were in the process of separation, though he was still present in the household. The household income she reported at the time of the first interview was that of a lower-middle income household, comprised almost entirely of his employment income and minimal government benefits. Both she and her children's father have sizable families in the area from which they both receive and are called on for instrumental support. In the process of separation, Yolanda has also been able to rely on others for financial support.

Yolanda's work history can be characterized as highly unstable, as she describes eight different paid work arrangements over the course of the two interviews. Since maternity leave, Yolanda had spent most of her time at home with her two young sons, ages 2 and 3 at the time of the first interview. She had however endeavoured to re-enter the paid labour force on a couple of occasions: once as an employee with a large retail company, and once briefly as a home-based child care provider. In the first

instance, working as a sales associate, she had relied on unregulated home-based childcare, then familial home-based care arrangements and found the complications of provider availability, stability and quality of care wanting and prohibitive to engagement in paid work. In the second instance, as a home-based care provider herself, she found the task of caring for an additional child to be too overwhelming and quit after only a month and a half.

At the time of the first interview, she was once again re-entering the workforce in a job related to her post-secondary training in the hospitality industry. The job was to start that week working from home. Plans to care for the two boys during her work hours were described as being provided by her aunt, who would come to her home 3 days per week for the sum of \$20 per day. For occasional longer days, her aunt would be providing care under the supervision of Yolanda's grandmother.

The job at the travel company had been short lived. By the time of the second interview, Yolanda had been living with only her two sons for almost a year. Her household income had changed substantially, falling below the LICO for their area. In that time she had worked in and left or been relieved from four different jobs and was starting a fifth. Her sons had been attending a regulated, nearly-fully subsidized, full-week, full-day daycare program for the last six months, which she describes as having found "completely by fluke". Over that period, she describes remarkable improvements in especially her younger son's development. Despite her earlier objections to paying 'someone else [to] raise your kid' she now raves about the care they receive.

**Samantha\* (subsidized HBCC under a licensed agency)**

Samantha lives in a large urban area of the GTA. She identifies herself as Native, Irish and Scottish. The college educated 23-year-old mother and her three-year-old son had recently moved in with Samantha's boyfriend. Her household composition has changed several times over the last 3 years, as prior to this she had lived with her mother, alone with her child, with her son's father, then again with her mother and son. Samantha is estranged from her son's father and does not receive child support, though her son had been with him on weekends in the past. She has also been battling depression for which she is under medical care. Samantha does have family in the area, however they are described as unwilling to provide support.

Leaving a poorly paid, inflexible and irregular position elsewhere, Samantha had been recently employed as a staffing consultant for a temp agency with health benefits, working 8:30-5:00 Monday through Friday, which keeps within available hours for childcare. Samantha is one of two whose home-based child care is under a licensed agency and is subsidized. Problems arising from an earlier relative care arrangement with her aunt led her to an internet search through which the present child care provider was found. Her new living arrangement is anticipated to have consequences for her subsidized care. Prior to this, her income alone would have been significantly lower. However, although they do not function as an economic unit, their combined income put household earnings in the middle income category.

### **Central-North Ontario**

#### **Natalia**

When first interviewed, Natalia, a 'Canadian,' age forty, was pregnant with her third child. She, her husband, her two pre-school aged sons and later infant daughter live in a rural area of Central Northern Ontario. Natalia is a nurse working full-time at a public consultative health service, a position she has been in for four years, but planned to begin self-employment as a consultant. Her husband had recently left his employer to establish self-employment in the agricultural sector. His agricultural work also provides food for household consumption. Combined, theirs is considered a middle income household.

Natalia describes having experienced the services of 3 different unlicensed home-based child care providers, whom she refers to as "baby sitters." At the time of the first interview, she had changed from one home-based provider to another in the past 6 months due to general dissatisfaction with care, requisite distance travelled and the provider's restrictions in the case of illness –specifically, colds- inhibiting her and husband's availability for paid work. The second provider, a 60 year old woman who was cited as caring for as many as 16 children at a time including some grandchildren, lived en route to Natalia's work and was willing to take the children *"no matter what they have"* [Natalia's inflection]. Natalia pays \$35 per day without receipts and describes the environment 'like going to grandma's house' but 'very organized.'

By the second interview, Natalia had been on maternity leave for 11 months. The financial strain of her reduced income had resulted in the need for financial and

provisionary support from friends and church community members. Natalia's husband took fulltime summer work for an employer, with seasonal slowdown in winter months. Natalia's maternity leave was about to finish and she was preparing to return to work in less than a month. Though she had planned to home-school her older children while establishing her own private consulting practice instead of returning to her employer, her plans had changed. The new hours required by her employer, including a later start time and evenings were described as not conducive to the care of children. Consequently, Natalia was about to begin work with a new employer at her return date. Her new job would require more travelling, comparable pay, but fewer hours overall at 3 days per week. Her consulting business was in the nascent stage, but was anticipated to be two days a week.

For her return-to-work, Natalia identified moving on to a third home-based provider who is known to the couple through work and church for all three children. The new provider provides receipts and is conveniently located near her husband's workplace, but is not available during summer months. Natalia is unsure of the rates she will be expected to pay for this new arrangement but anticipates to pay \$40 per day for all three children and expects that the provider will be willing to continue to provide care in case of child illness. Her oldest child is expected to attend a private religiously-based school beginning mid school-year for two days per week. For his care on school days, she anticipates a fourth provider of whom she is aware lives near the school for before and after care.

**Gabriella**

Gabriella lives with her husband and two children -one in SK, the other a pre-schooler- in a rural area of Central North Ontario. Gabriella works a physically demanding 40 hours per week in a unionized environment as a 'clerk' for a large retailer she has been with for 15 years. This work is not related to her post-secondary training. Despite being the steadier of household incomes, Gabriella described dissatisfaction in her workplace and the desire to seek out other employment. Her work-days are not consistent week to week, but generally run from 9 in the morning until after 6 pm, though some days run from 12 noon until 9 at night. Gabriella has considerable workplace benefits, but not flexibility for caregiving needs. Her place of employment experiences seasonal slow periods, for which she had managed to arrange a temporarily reduced-hour work week at the local level. This arrangement had benefitted herself, her household and her work environment but had been recently revoked by the employer's head office.

In the first interview, Gabriella's husband had recently sold his business, a local car sales and repair shop, due to financial duress. Under contract, he continued to work there for 40 hours per week Monday to Friday and some weekends. He has family in the area and his mother is frequently relied on for caregiving, especially for backup and when both Gabriella and he work weekends. Gabriella grew up in the area as well, however she does not rely on family for care as her mother has moved away and she is estranged from her father.

Their local school is the only in the area offering fulltime JK/SK, therefore her oldest attends school 5 days a week and only requires after school care. Gabriella describes her “baby sitter,” an unregulated home-based childcare provider, as one whom they have “had and trusted for a long time.” Her caregiver lives close by and provides care for both her preschool aged child and kindergartener for after school, paying \$50/day for the two children (\$25 per child) or \$10 for after school care for her oldest (\$55/d in R2). Her caregiver cares for five children under school age during the day and as many as 9 at a time when combined with before and after school charges.

By the second interview, the couple had purchased a new business, with the intent of Gabriella being able to leave her employer and work for their business doing bookkeeping. Though still hopeful, at the time of the second interview, her leaving had “not worked out” given the couple’s increased debt load and the insecurity of a new business enterprise. Instead, she continues full time for her employer as well as taking on the bookkeeping 20hr/week without pay mostly from home for the better part of the past year. Gabriella has also been required to take on additional responsibilities at work, but without a commensurate increase in pay. Her husband puts in 11 hour days on site, five days a week, plus some weekends and additional hours working from home.

By this time, the children, ages 5 and 6, both attended school five days a week and continued with the same home-based provider for after school care, for which Gabriella pays \$20/day for both- \$5 more than the provider asks as compensation for their later pick-up time. During the summer months, their provider is unavailable for full day care by virtue of being “booked up with little kids.” The children’s care was then

arranged alternately through a new YMCA day camp programme one day per week and the remainder through familial care provided by their paternal grandmother. In both interviews, Gabriella repeatedly describes herself as “lucky” for having both a reliable, flexible home-based provider and a willing, available grandparent to care for her children.

### **Amy**

Amy, age 35, her husband and two daughters –one infant and one in JK-, all of unspecified ethnic origin, live in a middle income household in rural Central North Ontario. Of this dual-earner couple, hers is the higher income. At the time of the first interview, Amy was on leave from her employment in emergency medical services to care for her infant daughter and was returning to paid work in just a few weeks. Amy has been with her employer for approximately 15 years and her unionized workplace includes employment benefits which are relied on especially for her insulin-dependent diabetic husband. Of the women in this study, Amy is the only one who works a full-time 12-hour shift rotation alternating between days and nights.<sup>51</sup> Amy’s schedule is predictable over the long term, but varies week to week, including work on weekends and holidays. Amy derives great satisfaction from her work despite several frustrations limiting effectiveness and flexibility due to increasing cutbacks and rationalizations of recent neoliberal provincial government reforms.

Amy’s husband, a heavy equipment operator in his forties, has worked for a private company for about 20 years, working long hours ranging from 6 am until 7 pm

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<sup>51</sup> The male partner of one other household in the study did as well.



Mondays through Fridays. Though he does not have employer benefits, he has considerable flexibility from his employer – a ‘really great guy’- in order to manage caregiving for their two children as needed (a feature which outweighs seeking a better-paying job).

Amy described a difficult search for care for her two children, repeatedly confronting waitlists, including with a regulated government home-based child care programme. The care she managed to arrange for her return to paid work includes having her children at two different unregulated home-based providers. These are combined with familial care from both Amy’s and her husband’s parents who live in the area and are relied on beyond the children’s providers’ regular hours. The school her oldest child attends has a full-time JK/SK program, but not a B&A program, and therefore requires only before and after-school care during the school year. Described as a ‘veteran’ having five kids of her own, the home-based before and after school provider was found ‘just by chance’ along her daughter’s bus route, but does not provide day-time care. Instead, Amy’s home-based provider for her youngest daughter is one she relied on in the past when her older daughter was younger and required full-day care. She characterizes this woman, who lives ‘in town,’ as ‘wonderful’- “just grandma-like, private child care in her home.” This provider was also willing to provide care for both children on Sundays, for urgent care during the school year and summer care if needed.

By the time of the second interview, Amy had returned to her paid employment from maternity leave to increased stress in an already stressful job and her husband had

experienced his first lay off from his employer during a seasonal slowdown over the winter. Her children now 5 ½ and 22 months, Amy's care arrangements for her children had been re-shuffled. Her long-term childcare provider for her younger daughter was no longer available due to health issues, and her original plans for before and after school care changed due to school bussing restrictions. She was then combining a neighbour for before school and the paid home-based provider for after school for her older daughter, and a separate new home-based provider for her younger daughter. The new 'gifted' home-based child care provider for her younger daughter lives further away, increasing Amy's morning commute time to 45 minutes. With a new complication arising in relation to the neighbour's household, she is once again seeking to secure arrangements for her older daughter's before-school care for the upcoming school year.

**Oksana\* (subsidized HBCC under a licensed agency)**

Oksana is a 29-year-old mother of two living with her husband in rural Central North Ontario. Her cultural/ethnic identity was not disclosed. Oksana's husband 'drives truck', commuting and away from home 13 hour days through the week, earning an income that puts their household marginally above the LICO. When we first met with Oksana, she had been out of the paid labour force since the arrival of her first child. She did not receive maternity leave for her second child, who was born in close succession. Oksana and her family had frequently relied on food banks and her rental home was in disrepair. Given her low-wage employment, childcare expense for two young children had been seen as too prohibitive and child care subsidy out of reach. Oksana was planning to return to work in "something that pays more than minimum wage, just

anything not restaurant" within the next few months. Oksana had not applied for child care subsidy because she believed that she would be ineligible and feared the intrusive bureaucratic process of applying. She had considered offering home-based child care herself, but realized her home would not meet the 'legalization' requirements to be registered under a licensed agency. With her oldest child starting school soon she would "just have one in daycare," making more feasible her much-desired return to the labour market.

By the second interview, her daughter now 4 and about to start alternate-day JK and her son 2½, Oksana had been working for two months for a minimum of 30 hours per week (9-5 Monday-Friday + weekends) doing housekeeping for a hotel/resort. Because of the seasonal nature of the business, Oksana had just received word that she was being laid off in two weeks time and the possibility of another housekeeping job at another resort would be similarly short lived. Despite having had a more secure employment option available to her, she had chosen the housekeeping position to facilitate combining her paid work with caregiving responsibilities.

Oksana, had by this time acted on the information of a friend, applied for and received childcare subsidy in order to re-enter the labour market. In her case, Oksana relies on home-based child care under a licensed agency. Having sought a referral through the public health unit, her children were now being seen by a speech therapist in this setting. In just two months, Oksana had had to scramble for backup care arrangements several times and was already on her second home-based daycare provider. When Oksana was asked by her employer to extend her work hours, beginning

work at 8 am, her first provider was unwilling to accept her children for 7:45, in time for Oksana to get to work. Oksana then had to find another provider, the second being further from her home and workplace. Unsubsidized, her user fees would be \$35 per day per child, though with subsidy for the first month, she paid only \$50 of that fee. She had also arranged for subsidized after-school care on school site for the fall on days her oldest child would be in kindergarten. Both must be picked up from their respective providers no later than 5:30 pm. Although she is uncertain as to which government body her subsidy is through, she finds the rules governing subsidized care in her area highly intrusive, often contradictory and very restrictive, or more succinctly in her words, 'a pain in [her] ass'. With her imminent layoff and her employment status now in question, so too is her subsidized child care.

Though these participants shared a care type as well as other similar characteristics, their experiences managing child care and their available constellations of resources shaped their stories in often very different ways. With these stories in mind, I consider the ways in which the participants came to using home-based child care and the consequences of this care type for their carework, paid work and training.

## Chapter 6: Weaving in Child Care

In examining the participants' stories of managing paid work/training and care, I apply Anita Garey's (1999) concepts of 'weaving,' using an understanding of class as a 'constellation of resources' (p 52-53). Using the metaphor of weaving, she describes that:

[w]eaving is both a process (an activity—to weave something) and a product (an object- a weaving, something constituted from available materials). ... As a process, weaving is a conscious, creative act. It requires not only vision and planning, but also the ability to improvise when materials are scarce, to vary colour and texture in response to available resources, to change direction in design, and to splice new yarn. As a product, a weaving reveals both grand patterns and minor design; it reveals the connections between pattern changes and how what has come before is linked to what follows; and it reveals the richness or thinness of the materials used. [This metaphor] illuminates... the interconnectedness of work and family within women's lives (p 14).

Garey describes understanding available 'resources' as going beyond the naming of categories such as income, sex, age, race/ethnicity, and education, that serve to isolate certain groups in terms of individual assets. Drawing from Karl Marx, Garey's concept of 'weaving' includes historical material conditions that influence an individual's present available resources to draw from, both material and social. In applying this concept, my analysis is influenced by the considerations such as: how individual and shared income affects access to resources and availability to other tasks; the extent to which women are relied on by or can themselves rely on familial others for resources; the security of their relationships and their ability to access and to draw support from those relationships; the market demand for their skills and the labour protections those skills offer such as job security and benefit eligibility; physical availability and proximity to

resources such as transportation, public programs and work and child care environments; and their physical health as well as the health of those for whom they care. Using a holistic approach, I consider the participants in terms of their child care experiences and lives as part of an integrated whole in shaping their available options and actions.

The women interviewed for this study actively 'wove' their arrangements for care in response to resources and circumstances. As a product, their weavings demonstrated both grand patterns and subtle variations that made up their experiences. By applying the concept of weaving, I uncover the collective dynamics, causes and outcomes of women's reliance on unregulated home-based child care in Ontario. I argue that the issues and considerations relating to child care come under two broad umbrellas: one being the characteristics of the child care arrangement itself, the other the characteristics of the individual's resources that either help or hinder the management of care arrangements. The most pressing issues relating to characteristics of care type stem back to four aspects over which women's and child care advocates have long lobbied: affordability, accessibility, quality and flexibility.

### ***Characteristics of Child Care Type***

#### **Affordable**

Economic rationality has a major influence on parents' choice of child care. The women overwhelmingly reflected on the impact of paying for particular care types on their households' finances and the degree to which a lower earner's income is cancelled out by paying for care. Though participants were not asked directly *who* paid for

childcare, their beliefs and practices were revealed in discussion. Consistent with Pratt's (2003) analysis of families using home-based child care, in fact fully half of the women relying on unregulated home-based child care described paying for childcare in terms of proportions of their income alone. These women were also more likely to actively employ strategies of cost reduction. Child care fees were more likely to be viewed as a household expense where women were the greater or more stable income earners of the household. Of all coupled families in the study, in only one case was child care expense considered a calculation of the man's income and payment as his responsibility. Notably, his income was one quarter that of his partner's.

Of those using HBCC arrangements, many participants compared their costs to more structured or regulated care arrangements and described ways in which using this form of care allowed them to reduce childcare expenses. This occurs in several ways:

1. Lower user fees: this includes half-day rates, daily versus weekly billing, and reduced day rates for multiple children.
2. Time use terms of payment (paying for only actual time used): this is a feature not available in regulated environments. Time use terms of payment includes not paying retaining fees to hold their child care spaces or for time missed when a child is sick or a parent or other family member is available to care for the child, such as for holidays, compressed work weeks (CWW), shift work hours, and irregular or fluctuating schedules. Keeping costs down were especially emphasized when the women themselves would be losing or not earning pay for the same times.

3. Using less expensive alternatives when available: this occurred especially during summer months, and included such alternates as sibling care where older siblings are available, and high school or post-secondary aged 'baby sitters' who are available during summer months and typically are paid at lower rates

These considerations were often cited as reasons for choosing home-based child care to keep expenses manageable. At times, where flexible fees could be arranged, work schedules were rearranged to keep paid care time to a minimum. Such tactics, for example, keep Tanya's care expenses minimal since she and her husband are able to off-shift, her older children can assist in care giving and her provider is willing to provide service at irregular hours, bill less than average rates and only for intermittent times as needed. For most however, even with these strategies, women described paying for care as often straining to household budgets and negating specifically their income.

The \$230 per week Jade pays during the school year between her adult and teen-aged caregivers had proved difficult for the family to manage. She explains, "I still owe [the teen-aged caregivers] money because I had to stop paying them because I couldn't afford it. So, I've kept track of it. I still owe them money." By paying \$160 instead to the neighbourhood fourteen-year-old to come to her home during her work hours (9 to 4:45-5:15) in the summer months, Jade economizes on care. Even with paying "a lot of money"<sup>52</sup> to retain her daughter's care space with the home-based provider for the fall, she describes this arrangement as financially less onerous since during the summer, she requires care for all three children during the day, paying the

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<sup>52</sup> According to the copy Jade provided of her care-provider's policy booklet, this would amount to \$320.



teenage girl “the same amount for the three kids that [she] was paying for the one child.” Although Jade would prefer to work part time to facilitate her caregiving responsibilities and not miss “the growing up stuff,” she describes that the cost of part-time care would end up equal to her earnings and would not allow her to both earn a wanted and necessary income *and* afford childcare.

With Gillian’s low wage employment and her husband’s unpredictable work schedule, her caregiver’s willingness to accept a flexible schedule and half-day rates lowered care expenditure, allowing them to spend less on childcare and minimize the strain on already-precarious household finances. Though she identifies her ideal as to “stay home,” by keeping care costs low, she describes returning to work as “worth it.” Had these arrangements not been the case, it would have not proven economically rational for either her to return to the paid labour market or him to remain --the latter having not been put forth as an option.

Hannah does not pay for days not used in the case of her child’s illness or when either she or her husband has time off. Like Jade, Hannah also finds cheaper care arrangements during off school times by relying on sibling care and avoiding retaining fees. Her cost reduction strategy is a point she reiterates several times, with statements such as:

You know, we don’t have to pay money to hold the spot during Christmas break or March break.

and

We’re really lucky with our caregiver, because if I had [time off], I don’t send her and I’m not charged. And that makes a big difference, because if [my daughter] was in a licensed daycare facility, we would have to pay no matter what.

and

[I pay] \$150 a week, unless for some reason if (my younger daughter) doesn't go to daycare because she's sick, if I know I have vacation time and I'll call her ahead, I don't just pop, you know, it on her, and then she doesn't charge me.

Despite already minimizing care costs in several ways, she considers economizing further by paying for care 'under the table':

It's frustrating 'cause you work so hard and you make a half decent income and everything ...you're raising three kids, you're childcare expenses are high, and it really, I don't know, if I had a choice between paying cash under the table or paying, I don't know if I would, you know? But that's the way that we've agreed to do it, pay cash and get receipts, but it's very difficult. It's very hard, you're middle class and you work very hard and you just don't seem to be getting ahead.

Natalia keeps care costs down in many of the same ways Hannah does- not paying for days missed, finding alternate low cost summer care and seeking out the lowest fees.

Natalia's child care provider at the time of the first interview was "the cheapest [they] found" at \$35/day for two children without receipts. Though this amount was the lowest per-child rate reported of any unsubsidized adult care provider identified, the financial impact was still considered "a stretch... creat[ing] quite a bit of stress" –a stress that was soon to increase with the addition of a third young child.

When child care subsidy is not available or is in jeopardy (e.g. such as by changes to household income status or employment/training hours), unregulated home-based care is a more viable option. Despite securing a much-coveted spot in her preferred location, upon Heidi's return to both school and paid work after the birth of her daughter, she had faced barriers to subsidy under the means testing system that was in

place prior to January 2007 that put her first pick for child care out of reach.

Consequently, she turned to home-based child care as the lower-cost option:

(Heidi) And then we found out that ...we weren't eligible [for subsidy]. So, therefore because now I had no hope of a subsidy, I had no hope of being able to pay a hundred \$185 a week [for center-based care], nearly \$800 a month for daycare. I can't do it. I can't do it. ...So now I'm into the point where institutional daycare, formal institutionalized daycare environment is beyond my reach financially. So I'm looking at other markets basically, which involves talking to two of my neighbours, to see if they will, they have offered to take her a couple of days a week. So, but they're gonna go, I don't know if that's going to be under the table or if I will get receipts for that. How much it's going to cost. Where's the money gonna come from. ... It really is [up in the air]. It's one of those situations where, I have to work ...because that buys us food. And yet I can't [work] if I don't have a daycare spot. Yeah, yeah. It's pretty ridiculous.

By the time of the second interview, Heidi had arranged child care with her sister-in-law, who was already a HBCC provider to other children. Economizing on care expenditure, Heidi pays her by the day rather than by the week which allows her to reduce costs and exercise flexibility as needed for fewer, extra or different days.

(Heidi) I pay by the day or if I went weekly then I paid for the whole week and I'm still trying to save a bit of money so I'm not paying by the week so I pay 35 dollars a day  
Normally at daycare you gotta pay whether you're there or not but she's she lets me either switch a day off or not pay for it.

Even though substantially less expensive than her preferred center-based option, at \$140/week for four days a week (approximately \$560/month), Heidi describes the financial impact on the household of paying for child care by saying, "When you don't have a lot of money to begin with, I find it quite significant. ... So it's a huge, and we juggle a lot of things to pay for it." Her frustration in the face of multiple barriers to care is palpable. Having ultimately chosen unregulated home-based care, she describes her reluctant decision-making as a matter of sustaining household resources:

(Heidi) Unfortunately, we make these choices, decisions, based on what we can afford, because you can't, you can't just drive your family into the ground financially over these things, right, you have to try and find the balance.

Ester's center-based childcare market fees are \$63 per day, for which she has partial subsidy. A modest increase in her household income in the past year and a seasonal fluctuation of hours (i.e. reduced school hours during the summer) has put her eligibility for her current level of subsidy in jeopardy. Consequently, she is considering home-based child care a more affordable option:

(Ester) I'm going to have to start paying more and we can't afford it, so I'm thinking we should take him out because we just, we can't afford it. ... I don't know what we're gonna do. I'm going to try to maybe find a home daycare, which is cheaper.

Having recently changed households, Samantha too is at risk of losing child care subsidy.

Without subsidy, her regulated home-based child care would be out of reach:

Like, if I wasn't eligible for daycare subsidy, which I may not be in a couple of months, because now I moved in with him and our incomes have gone up, like, I'd be screwed. Daycare alone. I average almost \$800 a month for daycare alone. [emphasis added]

Subsidy regulations define the couple as an economic unit. But despite her new household composition, the responsibility for her son is considered hers, and the cost and consequence of lost subsidy is also understood as hers alone.

In Joanne's case, she had been eligible for subsidy by virtue of being assessed as a single-parent economic unit, despite living rent free in her father's home. Had she not been living with her father at the time she required full-time care for her young daughter, she would likely not have been able to forgo the subsidy and pay out of pocket for her preferred private home-based environment over the subsidized home-

based care she found to be not meeting her expectations. At the time, the fees paid to her childcare provider were her single greatest expenditure.

Costs, especially in conjunction with schedule irregularity and women's low wage employment, kept some women out of workforce who would rather be in it, even if only for part time. For Yolanda, the cost of child care combined with other expenses of getting to work led to her withdrawal from her part time job at a time when she was seeking to regain some personal and economic autonomy in a rocky relationship. With child care fees for two toddlers equal to her low-wage income, she describes the conflicts this created:

(Yolanda) My childcare needs would definitely be more manageable if I had an affordable daycare that I can put my kids in. ...but I'm basically just paying for someone else to raise my kids. What type of mother would I be? ...so I stay at home to raise my own children, because let's face it, they're *my responsibility*. It creates dependency. ... part of the reason my husband I are divorcing is because I feel I have lost a sense of self since having the kids. ... I need to get that [sense of self] back. Going to work would be great, I would love to. How do I do that when *I can't justify paying for daycare?* ...You do, you lose everything. Every sense of individuality and independence when you're relying on someone else. Like, 'Hi honey, it's that time of the month, can I go and have that ten dollars for a box of tampons?' It's very degrading... [Emphasis added]

Yolanda's struggle because she could not 'justify paying for daycare' and economic rationale trumped her desire to engage in work outside of the household. Instead she draws on gendered ideals of mothering as selfless and omnipresent (Hays 1996) and presumptions of independence of the nuclear family form (Hansen 2005), which she describes as contributing to the ultimate demise of her relationship.

Child care was one of the most significant costs of raising children. For those women considering another child, their ability to continue in the paid labour force was

weighed against the financial impact of paying for child care for more than one young child. When asked about their preferred family size, many participants said family size is smaller than preferred or is limited by financial considerations, especially income forfeited to provide care and paying for non-parental care. This came up with households of all income levels. Their emphasis and how they defined expenses varied by class- women of lower income households cited the cost of such things as diapers and formula and where applicable, child care. Those of marginal to middle income households largely referred to the cost of child care, as well as some, including the higher income group, who also spoke to costs of future education, children's activities and goals for family quality of life.

(Hannah) it's a *big* [financial] impact. ...600 bucks [a month], I mean that's a *lot* of money. ...Thank god it's only for one child. ...You can understand why if people have several children that they don't go [back to paid work] ... I think it's a *big* impact. On your quality of life, on a lot of things. [Hannah's emphasis]

For most, keeping care cost affordable also meant keeping care work exploitative.

Rebecca was one of the few who spoke of paying for child care in household terms rather than individual terms. Though she explains their child care expenditure as equivalent to their mortgage, only Rebecca identified consciously avoiding these cost reducing strategies:

(Rebecca) I do pay her for holidays, but it's not in her contract, like for Thanksgiving Monday even though I don't [have to]. That's just the way I am, because I get paid for holidays, I think it's a business for her, she should get paid for holidays. But I don't pay her if she takes time off. So if she physically takes a week off, I don't pay her. ... [because] I've gotta pay somebody else to watch [my son]

While such strategies to reduce costs alleviate a degree of financial pressure for parents, these same strategies undervalue and create greater economic instability for the provider. Unwittingly, instability for providers may in turn feed instability for the very ones relying on them.

### **Accessible**

Affordability is one avenue to access. However, while access includes affordability- i.e. that those requiring child care have the material means to exchange for service- accessibility also refers to whether or not spaces are available and can be found; that the available spaces are within physical reach (a reasonable proximity that parents and their children are able to get to); that such spaces are open to the age of the child and able to accommodate linguistic, cultural and special needs; and that care is available at times when it is needed, particularly as responsive to parents' hours of paid work (Friendly and Prentice 2009). Each one of these factors can pose a barrier in and of itself. Combined, they form a brick wall.

Women coming off of maternity leave struggled with the incongruity of age-available spaces with the expiration of maternity/parental leave benefits. Though Jade had attempted to access municipal resources, she was confronted by a number of barriers and found that she "didn't have a lot of options" for care for her infant daughter. She describes the links to licensed care from the municipal website as inoperable and not being able to reach anyone in time to arrange care on a month's notice. Of the spaces in the area, very few were for infants. She laments:

(Jade)... a lot of the daycares, not home daycares, *daycares* ... don't take children under 18 months of age. Your maternity runs out after 12 months, right, they don't take kids under 18 months of age. Some of them don't take kids that are still in diapers. Well, she's a year, she's in diapers. ... So your options are very limited, ... you don't have a lot of options to try to find childcare.<sup>53</sup>

Gillian faced the same dilemma:

(Gillian) We called the Y and they had a year and a half waiting list or a year waiting list, and I called a month before I was due back at work, ...it would have to be full time, and they don't take kids 'til about 18 months old ...I went back [to work] when she was a year, ...They still won't take her, which, I guess they don't take kids in diapers, so, you have to have your kid toilet trained by 18 months. ...I couldn't, yeah, I don't know, I found that really weird.

Under the DNA, child care centers are required to have a 3:1 staffing ratio and additional sleeping/changing facilities for children under the age of 18 months. This requirement means higher staffing costs and thus less profitability for childcare centers unless charging a substantial difference to offset the cost. Therefore few regulated child care facilities offer care for children under 18 months of age. The gap between the ages of their child and the age at which most child care centers are willing to offer spaces meant that child care centers were not an option for these women.

### **Hours of availability:**

For many, the demands of workplaces often do not match the Monday to Friday hours of most child care services. Home-based child care is often thought of as accommodating those who require care for irregular schedules beyond these times. However, traditional work-week hours are not only the case for daycare centers, but also the hours offered by many home-based providers. Home-base providers were often

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<sup>53</sup> The number of regulated center-based spaces available for children under 18 months in Jade's municipality and immediate surrounding area at the time of interview was 24; 18 in English and 6 in a French language facility.



identified as providing care service in order to meet their own care needs, and thus may set their hours accordingly. In fact, such providers' hours of availability then are in some cases *more* limited than those of centers. This was not only the case for Oksana when her work hours were made earlier in the day, but also for Jade and Heidi.

Both Heidi and her husband commute a fair distance (approximately 1 hour). Because Heidi's husband is paid hourly, their financial stress is compounded when combined with reduced household income by virtue of her husband leaving work early 3 days per week to pick up their daughter by their provider's closing time of 5:00.

(Heidi) most daycare places have a very rigid expectation of hours, like 8 to 5, so you can't work outside of those times, and that's been the, you know, that's been a problem for us on a few occasions, like we've had to really juggle things around to meet those expectations of 8 to 5.

Jade faces increasing financial and temporal constraints being imposed by her provider's imminent policy changes of increased fees and reduced hours. Despite this, Jade plans an earlier end time to her work day and remains with her current childcare provider through the school year rather than risk greater barriers to access:

(Jade) My thoughts are: do I look for another childcare provider in the area? Which is very difficult to do, find someone with an open spot and that you trust and you know does well with the kids.

Amy's rotating shift work is exceedingly difficult to schedule child care around. She requires earlier than usual hours and also faces the geographical barriers of living in a rural area. When asked about her child care arrangements for her return-to-work from maternity leave for both her infant and kindergartener, Amy described an onerous six month process:

(Amy) I struggled with that [finding child care]. No one in [the nearest town], because I live outside of town, no one out there seems to take kids. My objective was to get both children to the same baby sitter. That's not a reality. ... With me working shift work, there is nobody, even the dedicated government providers, they're only in [town], and they still don't allow for twelve hour shift workers. And I can't be the only one in the same boat. ...It was just by chance I found a woman who will do [the local school] bus route morning, like before school, after school and she's allowing the flexibility of making an early drop off, like 6:30 in the morning. I managed to get [the baby] into a lady in town. ...every other place that I called is waiting list. I even went ahead and phoned the ...government program. It's a home childcare program that they have and I got a phone call this morning there's places in [the larger] town but there's nothing in [the nearby town] so it doesn't help me with [the oldest child] because she goes to a rural school so I told her thank you please keep me on the list for anybody who pops up in the [local] area but yeah my kids are going to two different sitters.

Her after-school provider does not offer full-day hours for younger children that would allow both children to be cared for in the same place. By the second interview, Amy had still had no greater success and in fact faced additional challenges arranging care, despite a continued search. Because of bussing regulations that prohibited switching between buses for child care, her older daughter had to go to a neighbour's for before school care and walked back to her own driveway for bus pickup on the days Amy worked, and then after school bussed to a home-based child care provider. Though her daughter's morning bus passes again directly in front of her house in the afternoon, on her days off, Amy picks up her daughter from school, lest her daughter otherwise be sent to the provider's home. Her frustration is expressed:

(Amy) But it's craziness. If I could get both children in (the school) oh I'd be so blessed, but I, at the same spot, but there's nobody, nobody, we've checked and we've checked

By contrast, Tanya in Niagara works steady nights. Living in an urban area, her options were greater and search shorter. In her case she has a willing provider that offers the flexibility needed to off-set any overlap in her and her husband's schedules.

### **Get on the waitlist before they are born!**

Many of the women's stories included long searches for care and endless waitlists, and related similar experiences of others within their social networks. For the few unsubsidized mothers who were successful, this meant making care arrangements early as the beginning of pregnancy. Even years later, some had never gotten to the top of the list. Those with children approaching kindergarten age and anticipating their changing needs for the beginning of JK/SK also sought out specific schools beyond their actual preference or home area up to a full year in advance to ensure appropriate available care for their children.

For Heidi, even though her student status gave her priority, the timing of her return to school and work and the requirement of a full-time space for infant care complicated matters.

(Heidi) I've been trying to, I have [the baby] on the waiting list for [...] daycare. If I wanted her to go in September, I wouldn't get her in this year at all. I wouldn't be until next year. There's a year and a half waiting list to start in September because [of the number of students requesting spaces] and there's such a lineup of students that it will take maybe a year to get her in. So, they said if you can bring her any time, like if you started in July for instance, there's more likely spots to come available. So, if you're willing to start paying sooner, you can get her in... But it is \$185 a week for infants. You can't go part-time until they're 18 months old. So I had no choice but to pay for full-time care, regardless if that's what I needed or not.

Rebecca, waitlisted for 3 years at 3 facilities for center-based care was never called. She describes how she and others of her peer group came to home-based care for their children:

(Rebecca) (My son is) still on waiting lists at daycares. I've never gotten a phone call and he's three. So, and in calling. I had him on a waiting list at the Orangedale Daycare, and I had him on a waiting list at Sunshine Daycare<sup>54</sup> but they didn't take him, they won't take him until he's eighteen months old. So, that wasn't an option for me. So the Orangedale daycare did take him and the university daycare but they basically told me I'm not a student or a teacher and they'll put me on a waiting list, but anytime the spots come up they come up for students first, then the teachers and then the outside public. That's what I was told. Never got a phone call back from them, nor did I ever get a phone call from the Orangedale daycare. And now in the meantime though I found in-home daycare and was happy with it, but there was no spots at that time, all the moms and babies [of large a friend group] were in the same predicament. A lot of them are actually in-home daycares that they have their kids at. There's only one actually that has in the Orangedale daycare, and that was her second child not her first, and basically she was at her wits' end. She didn't know where to go, she called everyday saying "I need a spot, I need a spot" and was very persistent, and they ended up having, finding one for her. But her first child is in a different daycare [so she's going to two different places]. [Was cost a factor for you?] I wasn't really looking at dollars when I was looking for daycare, I was looking for what kind of care a structure and what do you do during the day? That's what I was looking for.

Rebecca, by the second interview at the point where her son would be starting kindergarten, could no longer remain with the same provider since she would not be able to transport him between school and the provider's home. She finally overcame the waitlist, this time for a non-profit daycare and B&A program for JK/SK students within a school in a school board she otherwise would not have preferred:

(Rebecca) I think if I couldn't have gotten that, I really don't know what I would have done. ... That's the only reason that I chose that school, ... it's the only

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<sup>54</sup> Orangedale and Sunshine are pseudonyms.

school in (our area) that has a daycare inside of the school, and there's a waiting list to get in the daycare.

Natasha, having been one of few successful in the waiting game in her search the first time around, was 27<sup>th</sup> on the waitlist for a B&A/daycare program at their area school. Unsure as to whether or not they were going to get a space, she instead opted for her daughter to attend a different school where they were only 4<sup>th</sup>, explaining the necessity of this decision; "Since we both work before nine o'clock, it's the only way that it will work."

Of the 28 women using child care, 11 identified having changed jobs to facilitate caring for their children. Oksana was one of them:

(Oksana) The only reason I took [the housekeeping position being laid off from] was because it worked with daycare hours because daycare hours are 6:30 in the morning 'til quarter after 5. Anything after that time somebody else, somebody has gotta pick the kids up, and either I gotta pay them or go home. So the reason I took this, yeah, was because it worked with daycare hours and I didn't have to pay anybody else. ... 'Cause before I got this job I had an interview at [the grocery store] and I got the job ... but with there, you close one night a week, which is 12 o'clock at night, ...and then the rest of the shifts would be anywhere between 5 and 7 off or 5 and 8, like, off between those time, so it wasn't going to help me for daycare reasons.

Despite having accepted work more conducive to child care hours, when Oksana's work hours were moved up earlier than her home-based provider of the time was willing to accept (7:45 am), she was forced to uproot her children and find other care.

For Yolanda, the combined barriers to access formed a proverbial brick wall which led to multiple entrances and exits from the paid labour market. As she describes:

(Yolanda) I took on a part-time job, ... [to] get a couple extra dollars in my own pocket. But it was unreliable childcare that was what kept me from that. ... The baby-sitter was irregular. ...The hours didn't coincide with what I needed or what I was able to get for childcare. ...the hours I was working and where I was

working, I didn't have a vehicle all the time so I was reliant on public transit that didn't run conducive to what I was working, so funding for transportation became an issue at that point. I was dishing more out of pocket to go to work than what I was actually earning, which kind of ruled out the purpose of going to work.

Being inaccessible in terms of hours and regularity, in conjunction with cost and proximity, her child care –and consequently paid work- were deemed unattainable.

### Quality

Without question, quality matters- the quality of early childhood education and care affects developmental outcomes for children of all socioeconomic groups. Because HBCC providers work in relative isolation from other adults and their charges are unable to advocate for themselves, it is difficult for parents to really know whether or not their children are being well cared for. Some parents expressed concerns, others did not. Ascertaining and describing quality of care is illusive, and when not directly observed can only be inferred. The descriptions of child care providers reflected variations in skills, duties performed, programming and levels of professionalism. A number of elements participants of all care types spoke of convey various aspects of quality: the cleanliness of the environment, safety assurances, developmentally and age-appropriate activities, personal qualities of caregivers, dietary offerings, stability of care, and appropriate caregiver skills and training. Less tangible, though an important indicator for these mothers was also child happiness. Those having had experienced multiple care arrangements and providers were able to make some comparisons between their perceptions of their children's experience of care.

Of those using HBCC,

- none identified their HBCC provider as having ECE training
- 1 identified that their HBCC provider held current CPR/First Aid (Jade)
- 1 identified their HBCC provider as having a police record check (Jade)
- 1 identified other household members of the HBCC provider as having police record check (Jade)
- 2 identified their HBCC provider as having accessed child care resources, Early Years centers (Heidi, Rebecca)
- 2 identified providers who had prearranged backup for the provider's absences

While more childcare providers may have had some of the above characteristics, only these were revealed in interviews. Also:

- 2 identified HBCC providers who exceeded caring for five unrelated children at a time
- 2 identified not receiving receipts<sup>55</sup> from their primary HBCC provider (Natalia and Jade did for one HBCC provider, but not another)

The qualifications of these providers identified by participants are often their status as mothers. Service users frequently described their HBCC providers as 'a stay-at-home-mom,' 'mother of #,' 'Nana', or 'everybody's grandmother.' Not surprisingly, in all cases, the home-based providers were women, mostly married or partnered and, where descriptions are available, almost invariably fall into one of two categories: mother of young kids or mother of grown kids. The one exception was a young woman of 22 years,

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<sup>55</sup> Though the provision of receipts may not be directly tied to quality of care, it does speak to the legitimacy and professionalism these care arrangements are afforded between individuals and more publicly.

who lived with her mother. Her mother and brother were cited as helping the provider with her childcare service.

It was anticipated that HBCC users might describe their chosen environment as having been perhaps more comfortable, 'homey,' nurturing, or flexible-to-the-needs-of-the-child, as found in American studies of home-based arrangements generally (Kim and Fram 2009; Garey 1999; Krauss 1998) or perhaps reflect a desire for sameness- that the environment and provider would be most consistent with what the parent would expect to provide themselves (Hansen 2005; Garey 1999; Tuominen 2003; Krauss 1998).

However, for the majority, this was not found to be the case.

Only Joanne overwhelming identified the home-based environment as her preferred setting for her child's care based on elements understood to be *quality* of care. Fiona also chose home-based child care as her preferred environment, but her choosing was based on the fact that her provider was a family member. Most described being very satisfied with their caregiver, but many expressed less conviction and conflicting rationale, in the same breath citing lack of availability, high costs, and restricted flexibility of other options or combinations thereof. Jade for example, remarked on having opted against center-based options citing quality reasons, as opposed to *for* home-based care. Having looked at CBCC years before for her older children, Jade remarked:

(Jade) I never looked at too many of them [daycare centers]. But they were not clean, too many kids, not enough people working them, too expensive so I never really looked into it. I would be donating, sending my whole paycheque to it.

By spending her 'whole paycheque' Jade's rationale is at least in part economic.



The mothers described quality in unregulated HBCC environments in both tangible and intangible ways:

(Rebecca) Yeah, I really am [happy with the caregiving arrangement]. I think she has a lot of structure, she feeds the kids really well, healthy, well and yeah, the odd junky and stuff. She does outings with the kids... They go to the beach in the summer, and they go to zoos in the summer, the park, and she took him to swimming lessons all summer.

(Amy) [of new provider in second interview]...And she is wonderful, young girl, she's just awesome at what she does and she loves kids and she's gifted when it comes to children.

(Jade) She's Italian, so she makes her own food, he's a hunter. So, (my daughter) does have a lot more food choices than even I would give her.

(Gillian) They usually do some sandwiches for lunch and fruit and juice. ...I usually ask her. I go like, "What did she have for lunch today," it's like, "Oh this and that." But, we'll find out sometimes. Like we asked her when we went, you know what do they eat, like I don't want her eating crap, like French fries and that kind of stuff, and she's like, "Oh no, I never feed them any. They always have fruit and veggies" ...They go, she lives behind, or in her back yard is the park, so they go to the park in the morning, they go for a walk, they have nap time, they're always out doing something, which is great.

Heidi explains that her provider had adopted a number of practices of the child care center that the provider had experienced with her own daughter for the professionalism the provider now demonstrates. Heidi's provider accesses community resources and toy lending libraries, follows routine play, reading and napping schedules, provides clear written communication to parents and has indoor and outdoor space dedicated to providing care.

Less complementary responses ranged from generalized qualms and specific dissatisfaction to outright fears, covering a wide spectrum including dirty environments, children being left unkempt, too many children at a time, unsafe adults present, poor

nutrition, and questions of developmentally appropriate care. For Hannah, preferred quality of care clearly needs to be balanced with household finances:

(Hannah) Do I think she's the best? Oh no. I could always find something better and I think I get worried that she has too many kids house, and if she gets sick then, you know. ...I think probably next year we might look for something a little bit more structured. But then there's drawbacks to that as well. If she gets in a licensed daycare and she's sick we have to pay. You have to pay money to hold her spot. So there's problems with everything. [Hannah, first interview]

A year later and still with the same provider, Hannah continues to express the same misgivings around quality of care:

(Hannah) I probably would wish she didn't have as many younger children, like, young as in like one or one and a half, you know what I mean, like not *too* many little children. I want to make sure that (my daughter) is still really taken care of. ... And I probably wish she had a little bit more structure educationally, to kind of better prepare her when she goes to school. [Hannah, second interview]

Gabriella mused similarly:

(Gabriella) I think it would have been good to be in a center where with other kids and a little bit more structured environment. My day care provider is good but yeah it would have been nice.

Yolanda's experience with unregulated home-based care for her attempted return to paid work prior to the first interview was not at all a positive one:

(Yolanda) ...the first daycare I had... for (my first son), that lady's home ... You walked in and it was, it smelled like a cat's litter box. Do you want your kids raised there? He would come home dirty, stained, not sleeping, low quality meals, like it was just not what it should be.

While issues of quality were of concern, she later reflects that reliability and affordability also informed her decision to leave this caregiving arrangement. However she again compromised quality for affordability when planning for her initial return to substantial employment. Yolanda had intended to have her aunt provide paid care while

she was present working from home. A less costly option than other alternatives, she had told her aunt she would pay her \$20/day for the care of both children. She did not discuss exactly how the working relationship ended, however the writing was on the wall that this might not be a suitable long term arrangement. Even before entrusting her children to her aunt's care, she spoke disparagingly of her soon-to-be care provider at length; her aunt was described as mentally deficient, 'immature,' a freeloader and lacking in work ethic who she "[didn't] trust with them home alone."

In the second interview, Joanne spoke at length on her earlier experience with securing home-based child care. Home-based childcare had in fact been her first choice, but she found the few regulated home-based providers available that would be covered for subsidy in her area unacceptable. In fact, this was so much so that she opted to pay out of pocket even though she would have otherwise qualified for subsidized care:

(Joanne) I *wanted* [my daughter] in home-daycare. And unless I went through a regionally subsidized, regional home daycares thing, they wouldn't cover it. ... [My home provider] wasn't registered, and the ones that I looked at that were, I wouldn't leave my dog with. ... And when I called, I called and complained about two of the homes that I went and saw, because both of them had smokers in the home. Both of them reeked of cat litter, both of them had dirty clothes and dirty dishes strewn all over the house. They knew I was coming to interview them for a possible childcare spot, this is the scary thing. So I called, and I said "How is it that you have people that, like you're sending me to these people's homes, and this is what their homes are like. Are you kidding me? How has an inspector *not* shut these people down?" [Joanne's emphasis]

She attributes the state of these care environments to the provider's low income status and cost saving measures on the part of government programs prioritizing efficiency over quality of care:

(Joanne) And it came to light, that they give them advance notice that they will be inspected within the next couple of weeks, because they're having to shut so

many home daycares down... So, instead of finding quality daycare, they allow, they allow atrocious caring. But they won't cover me in my smoke free, immaculate, educational, loving [provider's] home. They won't subsidize that, but they'll subsidize crack houses for daycare, *are you kidding?*! ...If they're on government assistance or EI, they [the government agency] will pay [the related costs for regulation] ...because if you're on welfare and you agree to do daycare in the home, you get off the system, because now you're being paid by the other system. [Their costs were covered] to get them off welfare. Unfortunately, the stigma attached with a lot of these people, they've been living up to. [Joanne's emphasis]

As recent research indicates, Joanne's perception of factors influencing quality may have been quite accurate, since as the findings of Doherty *et al* indicate the importance of intentionality— that is to say, professional affiliation, accessing professional resources and long term commitment- in quality of care (Doherty, Forer, Lero, Goelman, and LaGrange 2009). As Doherty *et al* recommend, “[p]ushing or requiring people to provide family child care as part of a work-for welfare program when they have no interest in working with young children is incompatible with providing care that will enhance children’s development” (2009: 310). Furthermore, such practices, particularly without providing training, assumes care is unskilled labour and undermines the best interests of both the provider and children in their care. The home-based provider Joanne chose instead was unregulated, and remained unregulated, therefore ineligible for Joanne to receive subsidy because:

(Joanne)... [My provider would] have to apply to be registered [with the city]. ...There's a lot of hoops to jump through. They would have had to have done background checks on her kids, they would've had to do background checks on her husband. Because I knew, I trusted them, it's expensive for all of those things. They also didn't have money. She's a stay-at-home-mom, one income, two kids, they just, the money wasn't there ...to do what they needed to do to get the registration.

While Joanne trusted her home-based provider and those within the household, infrequently in unregulated HBCC environments are parents provided assurances that others within the home-based environment are a safe presence for their children. Several participants reflected on such fears. Gillian also trusts her HBCC provider found through a personal referral from her church, though she recognizes that care quality and safety in such environments is not always assured: "I'm scared of some of the home daycares if you don't know them." At the same time, Gillian does not question the involvement of other adults in the provider's home who take an active role in caring for the children entrusted to her care:

(Gillian) She has five kids in total ...Her mum helps, her brother helps. Like I'll go sometimes and she'll take a couple of the kids to school and her brother will take them for an hour.

An exception, Jade is informed that both her provider and the husband of her provider have police record checks. But for Amy, fears of others in the household were proven to be not unfounded. Though Amy had been relying on a neighbour to provide before school care, she discovered, through her own professional connections, that the neighbour's adult child living in the home had a criminal record and was under house arrest for sexual assault of a minor. With serious concerns over his presence around her young daughter, safety was paramount. Amy could not put her daughter at risk and was subsequently in renewed search for alternate care.

### **Comparing care**

When looking across care environments, trends emerged between the said and the unsaid. Though unsolicited, developmental benefits were repeatedly brought up by

users of center based care, especially in socialization and speech and language skills.

Typically these comments arose *after* having left home-based care environments for

regulated care. Yolanda describes her children excelling in their center-based child care:

(Yolanda) When my boys started at the daycare, my youngest boy wasn't speaking. He was almost at the point of non-verbal, he used to let out grunts and groans, but not any fair communication and my expectation was that at some point he would develop a little bit of a vocabulary. Six months down the road, the little guy is now non-stop yapping. .... He learned to talk and he hasn't learned how to be quiet since. ... He's really inquisitive. He's really learned to communicate and express himself effectively, as opposed to where he was six months ago. .... And he's just grown by leaps and bounds. As well as the older guy, the older boy, he's, he's just blossomed. His intellect has just started to shine through and he's picking things up that I wouldn't expect a child at the age of three to even begin to comprehend, but he's doing it, so it's been, it's been a fantastic little experience for them.<sup>56</sup>

Of her subsidized school based childcare for her then kindergartener, Joanne also raves:

(Joanne) They're great! The daycare is fabulous, the staff is fabulous, they're flexible, they work with you, they give her amazing care, she's excited to go to daycare.

And I think she's [daughter] really, really grown socially. She's understanding it's not a me-world. Because she was very much catered to, anything (she) wants, (she) gets.

In one case, caregivers are credited with catching significant developmental issues.

Cindy, of a low income household in Central North Ontario and whose two young

children have been diagnosed with autism, sensory integration dysfunction and speech

and language delays between them, received fully subsidized municipal childcare

initially through social services for maternal depression issues. Her children's

developmental problems were subsequently noticed by the center's child care

providers:

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<sup>56</sup> It was learned that Yolanda's younger son had an identified speech delay, however this fact did not come out in the interview.

(Cindy) I *knew* that something wasn't right with my kids. I had already had a child, and I knew something, you know, and it's one thing to say every kid is different, but I knew something was not right, and nobody was hearing me. Until they started, until I hit a point of depression that was such that my kids had to get some regular care somewhere because I was, I was getting in a fragile sort of way, and I was really grateful for that, initially, because it gave me a break, but beyond that, *they* recognised that there wasn't something, that there was something wrong with my kids, and it was *them* who said 'do you mind if we, you know, bring some people in for evaluations and that sort of thing.' And so, you know, they opened the door to all that. So it's like, I'm not crazy, you know, someone's hearing me! All these people are hearing me.

Bonita, a low income single parent in a multigenerational Eastern European household in the GTA, reported noticing differences between her own son's development and that of her son's peers attending regulated environments. By the second interview, she was applying for subsidy and looking to switch from her multiple unpaid familial carers to center-based child care, feeling that her son was not getting either his developmental or his socialization needs met:

(Bonita) I'm trying to get (my son)'s daycare subsidized, because I want to put him in daycare. ... I want him there not because I need him there [because of having familial care available], but because it is a good social tool for him. All my other friends' kids who've been in daycare for a year or two now, they're way ahead of him, they sing songs, they know their ABCs, they count. ...they're more playful with other kids, whereas him, he just wants to play with adults all the time. So I want him there. I don't need him there but I want him there.

Such comments of developmental gains were noticeably absent from most HBCC users. Of the HBCC group, only Natalia made any similar mention. With her 2<sup>nd</sup> home-based provider, who had been caring for as many as 16 children, she described:

(Natalia) It's like going to grandma's house. So it's a real learning experience for them which they haven't [before], since we started in full time ...they talked more, they come up with new things, like where'd they get that from?

Instead of reflections on specific child development, mothers using home-based child care emphasized lunch diets or particular activities<sup>57</sup>, such as the children going to parks to indicate developmental quality instead of direct benefits.

Another possible indicator of levels of quality is the child's own satisfaction with their care environment. In this study, children were not asked this or any questions directly, though many of the participants commented as to whether or not their children were excited or happy about attending their care arrangement. Far more parents of children in regulated child care reported that their child enjoyed their child care setting than in other environments. Only one made comment of their child's eagerness to attend unregulated HBCC, and no such comments were found of familial care. Conversely, three remarked on their children's unhappiness in home-based child care environments.

### **Flexible**

Of the four areas identified, flexibility is often the least emphasized in advocacy literature. The current economic system requires increased flexibility of workers and has moved towards 24/7 work week. However, even if this were not the case, invariably, some professions require shift work or irregular hours such as healthcare professionals, emergency and essential services. For women in these professions, such as Amy and Tanya, HBCC is turned to as a solution to irregular hours when those extended hours can be found or when irregular schedules can be negotiated. More commonly however, was

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<sup>57</sup> Consistent with middle class values of care described by Hansen (2005).



the want or need to add or reduce time in care as circumstances arose. Though typically giving more advanced notice, Gillian, for example, was able to routinely adjust her child care schedule as needed on less than a day's notice, as were both Heidi and Amy:

(Heidi) She's incredibly flexible. If (my husband), if it's raining and (my husband) comes home or you know, 'cause sometimes he comes home, if it's pouring rain sometimes he's sometimes home by 9 o'clock in the morning, right because he's at work by 7 and if he's home by 9 or he calls me and says I'm on my way home and I call (my sister-in-law/child care provider) and switch a day, so she's very flexible.

(Amy) I could phone her and cancel her at last minute or I could phone her at last minute and say "Something's come up. I have a shift tomorrow, can you take her?" "Yes." That flexibility with all parties concerned is the big bonus.

Flexibility was also important in terms of urgent extended hours, such as in inclement weather or unexpected work delay. Though none reported this as being a regular occurrence, if a child could not be picked up immediately, it would be more likely to be accommodated by the HBCC provider without serious consequence. This was a sense shared with those relying on familial care, but one that users of center-based child care did not have.

More frequently than for extended hours however, flexibility allowed women to spend time with their children when they could and know that care was available if and when they needed to be elsewhere. For users of home-based child care services, this was usually directly associated with affordability. The benefit of flexibility frequently offered by home-based child care providers is most apparent in contrast to its absence. Inflexibility was felt most by those receiving child care subsidy, in both regulated home-based and center-based care: when time is available to spend with their children, these women repeatedly explained that they could not remove them for fear of losing subsidy

by limits of subsidy regulation. Also, when subsidy is available, it is attached to proscribed hours of labour market/training involvement or limited hours for intervention purposes. Requisite hours for care- either too many or too few- allowed for neither the instability of changing circumstances, nor for time to attend to other social reproductive needs. For example, the “10 day rule” -referring to the maximum number of days per year that a child can be absent from a scheduled subsidized child care day- did not allow mothers to both have vacation time with their children *and* account for times when their children might be absent due to illness or appointments. Consequently women with subsidized care described frustration and conflict, choosing to reserve time away from child care for urgent care only, forgoing other needs. Women in subsidized care could not spend wanted time providing care themselves, whereas women with flexible home-based providers could.

Though identified here as separate entities, the child care characteristics of affordability, accessibility, quality and flexibility do not exist in isolation, but are considered and negotiated as part of an interconnected whole, and are in many ways mutually constitutive. Caregivers willing to be paid for times on an irregular flexible schedule keep care more affordable. Flexible hours offered by a caregiver means their care services are accessible to those who require non-standard hours. Quality care is difficult to discern where hidden and unaccountable, and is not accessible if user fees are not affordable, nor is it accessible if even with their fees being met, one cannot access them for lack of spaces. Affordable, quality care is also not accessible when the

spaces available do not accommodate the ages of children for those requiring care.

When any of these four characteristics are weakened or absent, women turn to their available resources to make up the difference.

### ***Characteristics of Resources***

As is evidenced in this discussion, it is very difficult to isolate any one form of child care from another since a child can be involved in more than one care arrangement. Furthermore, though the overall fertility rate of Canadian women has fallen over the last several decades (Statistics Canada 2006b), families are still often comprised of more than one child, including children of different ages and different stages, further complicating the potential number of arrangements for care. In order to effectively combine paid work and care work of one or more children, households relied on various combinations to ensure their children's care, even those who reportedly did not rely on anyone for anything. Various combinations of home-based child care, center-based child care, one-off babysitters, friend/neighbour care and B&A were described by most households.

Personal networks were used to both secure ongoing care as well as for filling in the gaps when those arrangements fell through. Support from others was increasingly important when primary care arrangements were less reliable and less accessible. Women's networks –also sometimes referred to as women's social capital-- tends to come in the form of close ties with family and friends rather than business related ties and are drawn on for 'getting by' but also require an extent of reciprocity and sense of

obligation that can be weakened by ongoing imposition and an inability to reciprocate (Bezanson and Carter 2006). The personal networks drawn on for caregiving, or 'networks of care' are described by Hansen (2005) as those "organized to help parents care for their children while they are on the job [I add- and training] and that children are not in school" (12-13). The center of the network is the person primarily responsible for the ongoing management and arrangement of care, or 'anchor'. Each of the women profiled here could be considered the 'anchor' of their child(ren)'s care.

### **When the home-based provider is not available**

In an environment where only one provider is regularly relied upon, such as is typically the case in home-based arrangements, when that person is not available, alternate care must be arranged. Most women accommodated for planned provider absences by relying on networks of care comprised of family and/or friends and neighbours. In one instance, Rebecca's provider had herself made arrangements to share off back-up duties for a planned maternity leave period, though not in case of illness. By Rebecca maintaining a relationship with and being able to call on the back-up provider, on top of her already extensive personal network, highly autonomous, supportive and well-benefitted work place, everything "just kind of work[s] out well."

Many participants were not so fortunate. A non-issue for parents using center-based environments, in the home-based childcare environment, the provider, and depending on the provider's circumstances, the provider's children can also get sick, increasing the likelihood that parents will need to scramble for alternate arrangements. This may be difficult enough when the provider's absence is planned, for vacations or

other personal time away such as for appointments or other engagements, but is even more difficult on short -or no- notice. The stress and consequences of such situations depend on the parents' available resources, both personal and social.

The health or willingness of providers to work while unwell in part determines the extent of their availability. Gillian's provider "very rarely gets sick" so she has "been lucky that way," but she also has several people available, primarily her mother-in-law, to step in. For Hannah, in 2 years her provider has never cancelled service due to illness- though Hannah describes having seen her provider work "when she hasn't been totally peachy keen," she "just works through it." When asked what would be the case if this were to happen, she assumes her provider's husband would provide backup care, or alternatively, she could use her own employer benefits to take time off. Heidi has no such benefits, fewer local familial resources (of which her provider is one) and makes no such assumptions of her provider or her provider's husband:

(Heidi) 'Cause that's one of the things, one of the biggest problems with a home daycare, right? It's that what if she's sick? Or what if her son is sick? What if her little baby is sick? ...I'm sure the day will come where I have to be at [work] and (my sister-in-law/provider) will be sick or (my daughter) will be sick and I will not know what to do and to be honest, I don't know what I'll do.

Though Hannah and Heidi had not, Oksana had very early on experienced this complicating characteristic of their care-type several times:

(Oksana) If for some reason she is sick or one of her kids are sick that day, she can call *me* and tell *me* that she's *closed* for the day. I got, I've had three of those now from the first lady [in the first month]. I get an hour and a half notice before I'm supposed to be at work. ... I got no choice but to call every cotton-picking friend I know to see if they can watch the kids for the day. ... 7:30! Yeah, I got 7:30 notice, I had to be at work for 9. And I usually leave the house at quarter after 8 or 8:30 [Oksana's emphasis]

In an already insecure low-wage job, Oksana could not risk not going in to work and securing alternate arrangements caused considerable anxiety- a stress that was not shared by her husband since his work hours begin earlier in the day.

### **'Just a little sick'**

Home-based child care is in some ways less stable, but in other ways can increase stability for women in paid work and, as we shall see, their employers. Whether home-based or center-based care is relied on, parents of young children are often forced to contend with rearranging schedules when their child is sick. Women remain far more likely to be absent from work due to personal or family responsibilities, missing an average of ten days annually to men's 1.5 (Statistics Canada 2006b, see also Maume 2008). HBCC then becomes an important strategy for women in paid work and training to reduce missed time.

Benefits, flexibility and autonomy in paid work, for either themselves or their partner, often made the difference between stress and financial pressure and simply adjusting to circumstances as they arose. Jade, Li Mei, Lee, Oksana, Hannah, Natalia, Nicole, Yolanda, Angelina, and Samantha all revealed that they had left jobs or turned down jobs with too much variability, insecurity, non-conducive hours, and poor or absent benefits. A function of class, their success in achieving these more-desirable characteristics came in varying degrees. For some, the impact of child-related absences in their paid work was negligible, such as when backup was available, if paid leave days were available, or where timing of the work itself was flexible and could be done another day. HBCC providers who would accept caring for children who were 'just a

little sick,' or even 'no matter what they have,' acted as a buffer in the face of inadequate workplace flexibility, benefits and public policy. This characteristic of HBCC was considered by some participants a considerable benefit, especially by those who felt less able to leave work without consequence or the least instrumental network support -and therefore were most in need of sick-child backup.

As would be the case for many using center-based care, Jade is faced with limited options and a financial penalty in the case of her child's illness, paying her unregulated provider, losing a day's pay, plus the time and cost of a doctor's note to be readmitted. But for most, HBCC providers were described as willing to accept children with at least a mild illness. By doing so, these home-based providers serve to subsidize employers by taking care of sick children- both exempting the employer from the burden of providing paid leave time and stabilizing their labour supply.

(Hannah) If [my daughter] is slightly ill, you know if she's really, really sick I'll [inaudible: whispered-call in sick] or same with my husband, but she'll watch her. Even if she had a mild fever or something and we know, we'd taken her to the doctor, he said yes, she's got an ear infection, she's on amoxicillin or something, and we know it's going to resolve, and you know, and there's been times where, look she's got the flu, she's throwing up, you know, I'm calling you and oh gee, okay we'll come and pick her up... So we've got a lot of flexibility [from our caregiver]. Daycares are very structured, you know, like it would be "Hello, you need to come pick up your kid or I'm calling FACS."

This factor was significant enough for Natalia that she changed providers because the first provider would not accept caring for her children if they were ill:

(Natalia) At that time our boys were sick, colds and so on, so she wouldn't let us bring them so one of us would have to call in sick, say we can't come [to work], so when February we found a babysitter in [a different nearby town] and she takes the boys no matter what they have, so that made a big difference.

Though she would prefer to be with her daughter when ill, Joanne also could count on her HBCC provider's care, "as long as she wasn't throwing up." Among the consequences for Joanne to miss time from work are lost income and the experience of feeling resentment from others at work when time off for caregiving is needed. Though her employer is understanding, her coworkers are not:

(Joanne) Co-workers have no problem making a point of making you feel bad that you had to take time off. ... One [person] at work had two parents that were both retired and didn't need to worry about daycare, her parents looked after her son when he was small. Must be nice. You can leave your sick child with your parents; you can't leave a sick child at daycare. I'm glad you didn't have to take time off- I don't have that option.

With no employment benefits, Joanne's willing HBCC provider helped to minimize the impact of stress in the workplace and lost pay due to illness, so that she can reserve time off for when most needed. As Gabriella explains, even with benefits, the pressure to prioritize paid work over caring for a sick child is strong:

(Gabriella) There's so much guilt, you know. ... I just feel sick. You feel bad if you phone in sick, you feel bad dumping your kid off, it's just. Man, constant.

This pressure is reduced by virtue of her having "an extremely good babysitter who's always available."

### **Sense of indebtedness/gratitude/precariousness**

At the same time as home-based providers may create a gap in their absence, they are also called on to fill it by helping parents out and not leaving them 'stuck' in the face of irregular schedules or unusual occurrences (Amy, Gabriella, Heidi, Rebecca, Natalia). Those most reliant on their home-based providers expressed genuine gratitude and a sense of indebtedness towards especially understanding and flexible providers.



Their sense of indebtedness often belied the extent of their precariousness in the provider's absence.

Gabriella and Amy are among these women. Both of these women's work schedules run beyond the 9-5 work day. Gabriella is also among the few who had had the same child care provider for several years. Realizing that she is the exception to the rule, Gabriella reflects on her good fortune:

(Gabriella) You know, and I have pretty good arrangements. It's a, I have to say I'm fairly lucky. I talk to some other people that, I don't know if they're too demanding, or they're just having no luck with their childcare givers but their childcare givers keep rejecting them or moving on. ...I can't imagine. I'm lucky to have ...this woman, this girl who looks after my children. She's amazing. So grateful to her. If I could give her more I would. You know? And I always do I always pay her more than what she asks 'cause she's invaluable to me.

Well, my daycare provider. I'm just so grateful to her that she's so flexible because I have another friend who looks after children. 4:30 that's it, you're done. You know. I don't know how people can do that and she [Gabriella's provider] is always, 'It's no problem,' you know I don't want to abuse it. So I guess you know, she's always willing to help out, but she's always there and if she isn't it's her daughter whose a teenage daughter, so I've always got that support. It's amazing.

For Amy, who earns the larger portion of household income and works a non-standard inflexible schedule, options are few. After years with the same grandmotherly provider who "would never leave [her] stuck", Amy's first provider was no longer available due to health reasons. Other considerations being trumped by issues of accessibility, she is at the mercy of the caregiver:

You know when people say how much she's charging, I'm not in the position, I'm not in any sort of position to gamble because I have no one. And the same with the lady who's taking [4 year old daughter]. I've been asked how much she charges. I have no idea. She can charge me \$20 bucks a day [for after school care] and I have no choice but to put her there. [Amy, first interview]

Amy had recently found a young woman with a talent for children. Yet Amy already fears losing her services. By relying on her niece for backup care in the summer, she had reduced costs and improved access. But Amy worries that doing so may cost her her new daytime caregiver:

(Amy) My niece is helping us out this summer, she got us kind of out of a pickle for childcare ...But once a week to make sure I still keep (the babysitter) and don't lose her, I've been trying to take (my younger daughter) down to (the babysitter)'s about once a week. And I'm like you know this will change and this is my schedule this summer, and she's like "Amy, it's fine," *but I'm so scared I'm gonna lose it, and lose her, as a babysitter.* Because I finally found someone I really like and is open to the part-time stuff and is open to the early mornings. [Emphasis added]

Gillian was able to rely on her parents for backup but also feared losing her HBCC arrangement, knowing that her mother was unwilling to provide ongoing care for her child.

(Gillian) ...well she's [daughter] been in her biting phase, so she's biting some of the kids at daycare, I'm just hoping it doesn't get to where we'll be kicked out ... a little [worried] yes, 'cause my one girlfriend that had a baby, her son went to daycare and he was getting bit by someone else and the daycare lady told the kid's mom was biting, 'This isn't the right environment for your son,' so I'm just *praying* that doesn't happen. [Gillian's emphasis]

(Gillian) Like when she's sent home from daycare, I'm stressing the whole day at work, thinking oh my god, is she going to get kicked out? What am I going to do?

The unregulated home-based child care arrangement can present a cloudy market relationship. Hansen (2005: 158) describes, whereas kinship infers a 'balanced' give-and-take between group members as a collective, 'market reciprocity' is an "immediate strict equivalence of exchange value." The HBCC provider is providing services as part of a market exchange -as a paid caregiving arrangement that is at the same time not formalized. Though it does in Jade's case, a strictly 'market-reciprocity' is

not always applied. HBCC providers willing to provide flexibility that others would not can be understood as seemingly 'doing a favour.' Tuominen (2003) describes this tendency of HBCC providers to go above and beyond as often being an expression of empathy on the part of providers towards parents. Citing Alvin Gouldner (1960), Hansen (2005) describes that the acceptance of a favour invokes the expectation of a favour in return. However Hansen also asserts that traditional notions of reciprocity as an exchange are altered in the case of others caring for a child, in that the child has their own relationship to the other adult caregiver, separate from the adult anchor. Though the benefactor is the anchor, the relationship with the child is ultimately a partial gift in return. Amy's former provider is described using the familial terms "Nana and Papa" and as having a relationship with her child. In the first interview, she expressed gratitude for their willingness to accommodate her work schedule, but did not express anxiety. With her more recent provider, though she relies similarly on the provider's willingness to accommodate her schedule with flexibility, she feels an imbalance as her need for care services in a rural area is greater than the perceived value of that which she reciprocates –payment for actual time- thus underscoring the precariousness of her position. Gabriella also relies on her caregiver for extended and irregular hours. To address her imbalance, she reciprocates in market terms, as she does and is able to pay more than asked. However, still feeling an uneven exchange, her outstanding 'balance' is reciprocated in gratitude.

Heidi's situation presents a unique case, as she in fact has a kinship relation to her provider. Despite a neoliberal ethic of independence, as kin, at least a degree of

obligation and reciprocity as part of an ongoing relationship is culturally presumed when acted upon (Hansen 2005). However Heidi makes specific efforts to respect the professional relationship of her provider/sister-in-law by not taking advantage of their familial relationship. As she describes:

(Heidi) She closes at five o'clock she has said to me on more than one occasion that because she's my sister-in-law, if I'm stuck, ...if I ever need overnight care or something like that that ...she would. It's a thing like I don't want to -what's the term?- exploit that relationship in any way shape or form, so I try to make sure that we stick to, I don't want to be that person who is consistently fifteen minutes after 5 o'clock because I'm her sister-in-law...  
...so we have these awkward conversations, like when (my older daughter) was there for that day [visiting with her cousin], you know, do I *pay* her? ...And of course she didn't want money for (my older daughter) anyway but I felt, you know we had this awkward moment where I had to ask ... because it can make things a little bit awkward sometimes.

While her older daughter was there on a day off from school as a favour to Heidi, her daughter also assisted in the caregiving for her younger cousin. The dual relationship meant a blurring of the boundaries between paid provider and caring aunt/sister-in-law.

### **Being/becoming a HBCC provider**

Though no specific employment types had been sought out, unexpectedly, even in this small sample, three participants were found to have in fact *provided* home-based child care at some point- each while their own children were very young and they were part of a married or common-law couple while having more than one young child home at the time. None had a background in child-related studies. These were: Jade in the Niagara region, Yolanda in the Greater Toronto Area, and Cindy in Central-North Ontario. All of these women also described highly gendered divisions of labour in their households. Two others, Oksana, also in Central-North Ontario, and Gillian in the

Niagara Region, openly contemplated providing home-based child care. Unfortunately the stories of providing care to others were not discussed or explored at length.

However, there remain insights to be drawn, both in nature of the care arrangements and environments they provided, as well as the nature of their own resources that led them to providing or considering providing this form of child care.

Jade had been a home-based provider on a paid basis for a friend's two children when her own two sons were younger. Having once been a home-based provider herself, she was surprised by her now-provider's fees and policies that required payment for time when Jade's daughter would not be in the provider's care, such as for sick days or statutory holidays. Her paid care work had been more casual than the care she now pays for (though both technically 'informal'), had not included such provisions for herself and was limited specifically for one within her social network.

As home-based child care providers, both Yolanda and Cindy found themselves overwhelmed and promptly withdrew their services. While a 'stay-at-home mom,' Yolanda initiated paid work as an unlicensed home-based child care provider. Starting with only one child in addition to her own two, she quickly decided that:

(Yolanda) he became way too much of a workload. .... his mom went back to work [from maternity leave] and I watched him for about a month and a half, but he was way too- She was too reliant, too dependent, and very irregular with her timing, that it became way too incumbent [sic] on my household, that I ended up leaving that position. ...It wasn't that great

While she begins to attribute her decision to withdraw to qualities of the child, she quickly changes her tune, attributing blame to qualities of the child's mother instead.

Yolanda does not question whether she had underestimated the task or whether or not

her own abilities as a care provider may have contributed to the breakdown of this work relationship.

Cindy had provided home-based child care for some time shortly after the birth of her second child- a rather sleepless infant. As a self-employed person prior to the birth, she had not qualified for maternity/parental leave, resulting in increased household financial strain. For Cindy, she withdrew services at the point where she was exhausted, and opted instead to take a clerical position with her local church as soon as the opportunity presented itself. She reports caring for 3 additional children at the time she quit. As she describes,

(Cindy) I had been overly optimistic in thinking that I could continue ...after [the 2<sup>nd</sup> child] was born... I had three weeks off [after the 2<sup>nd</sup> child was born]. And because we were strapped for income I went right into doing childcare at home when [daughter] was a few months old. And after doing that for a few months I was just completely exhausted ...and dropped the whole thing.

At another point, she acknowledges battling depression after the births of both her second and third children, having difficulty for caring for her own children, let alone additional others. Hidden in the private realm, her continuation of care provision could have proved disastrous for both herself and her charges.

In the cases of both Yolanda and Cindy, the insecurity that led to their brief foray and subsequent quick exit into the child care industry meant that those relying on them were put in positions equally insecure and thrown into renewed searches for care upon termination of their services. A missed opportunity for the purposes of this discussion, it would have been interesting to learn what made these women believe that providing home-based child care would have been a good choice for them to begin with.

Gillian, having recently returned to her sales associate position after maternity leave in our second interview debated the fiscal realities of having a second child and either returning to paid employment or 'staying home':

(Gillian) I have trouble thinking about having another one and not going back to work ...I think how do we afford it? All on one income? Paying for daycare for two kids it's just, I couldn't imagine. Yeah, [\$60 a day] that's a lot of money. ...That's like that's somebody's mortgage payment! I'd love to stay home. We talked about if we had another one I'd like to do the daycare in here, just have a couple kids. ...Help out friends and stuff.

For Gillian, though she does not have a background in a child-related field, providing home-based childcare is seen as a means to accomplish her desire to both 'stay home' and replace her current modest income to support her household while supporting her community of friends.

Oksana had also been entertaining the idea of becoming a HBCC provider in our first interview because of the financial strain and difficulty of paying for childcare she faced in returning to other paid work. She questioned the requirements she would have to meet if she were to work under a licensed agency, considering instead working 'under the table':

(Oksana) [T]o get into the legalization there's a lot of work you got to have a fire inspector come out and you got to get an inspection on your house and like I know this place isn't going to pass so I'd have to do private [unlicensed, unreported child care] one where there's no- but then I'm cheating the government but you know there's no other way around it. But I could make extra money watching somebody else's kids who want to go out and work who can't find day care themselves or can't afford it so I'd have to make it reasonable that they can still afford it but yet I'm still making some money and could make a buck. So it sucks.

Surprisingly, and somewhat ironically, she is the *only* individual, including the home-based child care providers described by participants, for whom any level of ECE training

was identified. She had initiated a college programme, but dropped out before completion, according to her, after realizing the high demands and low pay of the profession. By the time of the second interview, she had ultimately opted for other employment. However, her own remarks indicated that childcare would have been an unsuitable option: her rental home was in disrepair and unsafe for children, with exposed holes in the flooring and her own son having been electrocuted five times by unsecured wires. She further stated of occasionally caring for a friend's child on an unpaid basis, "I'm glad to be back to work so I'm not looking after another kid." While certainly the friend in question may have taken advantage of her availability to provide care, such a statement implies that perhaps ECE was not her calling and that *not* becoming a home-based provider was in fact a wise choice.

### ***Discussion***

American economist Nancy Folbre (2008: 374) defines care services as the "paid or unpaid efforts to meet the needs of dependents, including direct care work, that involves personal connection and emotional attachment to care recipients." Caring *transcends* market boundaries, its characteristics at odds with market rationality- which is particularly problematic under a neoliberal ideology; care is a labour intensive activity, the 'output' of which cannot be rationalized to greater levels of efficiency in market terms without compromising quality (Razavi 2007). There are a wide range of types and intensity of care needs, but limits to the amount of care a caregiver can provide (Folbre 2008). The 'output' of care giving –quality of life- is difficult to measure (Razavi 2007, Folbre 2008). Furthermore, it is difficult to separate care work from other domestic



tasks that make up the requisite conditions for providing direct care to an individual dependent (*ibid*). Each of these characteristics defies ready quantification.

Despite this inherent contradiction between economic rationalization and quality of care, the participants' stories demonstrate how child care is largely assessed and determined by measures of affordability. What was affordable for one household could be a sizable strain for another. From the findings, I argue that the greater the strain child care expenditure was perceived to be, the more likely participants sought to reduce child care costs, by for example paying for hours of direct service only, and maximizing efficiency, such as paying reduced rates for multiple children. By contrast, when cost is not or less of a factor, such as with the more affluent of households, preferred quality of care arrangements were typically opted for, creating class based differences in choices of care.

In some cases, cost was seen to outweigh the economic benefits of women's labour market participation. Though some men were more active in caregiving than others (more so when the partners worked different hours from each other), all of the 14 women were primarily responsible for care for their children. This at times left them vulnerable in both personal lives and paid work. Women's incomes, especially when engaged in or having access to only low wage work were by some deemed negated by child care expenses, diminishing economic and bargaining power within households. Their hours outside the home were negotiated to meet the demands of care, affecting their ability to maintain stable and meaningful employment. Calculations of care costs

as a proportion of income were most evident in the most gendered of households and less so where men took on greater roles in caregiving.

Where regulated environments were preferred, barriers to access determined the type of care that was ultimately decided upon. The data demonstrates how unregulated home-based child care posed fewer barriers, yet even this was described as less accessible than might be presumed. I argue, because of accessibility issues, many mothers confined their work to hours of care available, though not necessarily because this was their preferred paid work arrangement. In some cases this was also a consideration for fathers. However men were far less likely to be described as altering their work week to manage child related responsibilities, though this was more likely to happen where fathers worked in positions of high autonomy, had generous workplace benefits, or had substantially lower incomes than their partner. These patterns reflect other findings of factors influencing men's involvement in carework (Doucet and Merla 2007; Maume 2008).

Accessibility in HBCC is hindered by reliance on a sole provider in the environment who must also meet their own social reproduction needs, while at the same time increases accessibility when women's reproductive needs conflict with demands to be available to their employers. The willingness of HBCC providers to be accommodating acts as a buffer to capitalist labour market insecurity and demands for flexibility. Networks of support in turn act as a buffer to the buffer, especially in the face of weakened public and employment supports. Furthermore, HBCC providers who are willing (and presumably able) to care for sick children in their parent's absence further

bolster the employers' access to labour, while underwriting the costs of employment benefits when they are not used or abdicating employers from any responsibility to provide them in the first place when benefits do not exist. Therefore HBCC can be seen at least in part as serving to subsidize capitalist interests.

While more expressed satisfaction with their current arrangement, most did not choose home-based childcare as a conscious consideration of desired qualities of care. The providers described by participants are attributed with diverging levels of skills, qualifications, and duties performed. When poor quality was evident for several, this meant the removal of and renewed search for care for their children. However, this was not always the case. I describe the responses of many participants instead as simply making the best of it. As a longitudinal study, elements of change were captured over time. For many this meant changes in childcare arrangements from one environment to another. Interestingly, participants generally spoke well of their choices and providers of the time, despite underlying misgivings (see also Worotyneć 2000, p 806). In the face of their best efforts to manage care with competing needs and not wanting to feel as though doing a disservice to their child(ren), in a few instances, mothers appear to defend their less-than-ideal current arrangements in order to justify to themselves and others that their child is optimally cared for. These misgivings became more apparent after having moved on to other care arrangements. Also, though previously disparaging certain types of arrangements, when put into positions of having to rely on said arrangements, their perspectives became far more positive, as having chosen well for the benefit of their child(ren).

Relying on individuals isolated within private homes, quality is difficult to ascertain, as is safety. While I identify indicators of quality, my conclusions can only be speculative. The quality of care received by their children as reported by women relying on home-based child care ranged from providers striving for professional practice and consideration of child development to those who, quite plainly, did not and may have offered little more than a physical presence. Studies have found that indicators of quality of care in regulated home-based child care settings are dependent on the provider's level of training and intentionality earlier described (Doherty *et al* 2009). Heidi's provider, for example, demonstrates high intentionality despite lacking professional training, whereas as child care providers, Yolanda, Jade and Cindy did not. Further studies have found that providers of regulated home-based child care presume higher levels of activity than they actually provide (Fees, Trost, Bopp, and Dzewaltowski 2009) and that home-based child care is also associated with overall lower levels of physical activity (Temple *et al*, 2009). Though these studies were of regulated HBCC, similar characteristics can be inferred of unregulated environments. Sonia Worotyniec's (2000) analysis of home childcare providers' listserv discussions demonstrated that the levels of professionalism, professed actions and knowledge of child development among providers can vary dramatically-from appropriate and professional to downright scary. While indicators of quality were identified for as much as they were available, Prentice and Friendly (2009) also note that parents are often poor judges of quality, frequently overestimating the quality of their child's care environment (See also Mocan 2007).

The number of children in a provider's care is also considered an indicator of quality. Taking on more children for pay increases the provider's level of profitability. Of those identifying 'too many kids' being cared for by their home-based providers, at least one of the twelve unregulated HBCC providers was in clear violation of the Day Nurseries Act. However, with the grey area of caring for 'related' children for pay, the up-to-16 children cared for by Natalia's HBCC provider may have not been in violation *if* only a maximum five of those children were both unrelated and under the age of 10, though one might question the likelihood that that was the case.

Policies associated with a neoliberal agenda in global capitalist societies serve to increase labour market flexibility to improve competitiveness in the pursuit of profit (Benner 2002 in Luxton 2009). As Meg Luxton (2009) describes, employment environments that demand flexibility *from* their workers infrequently reciprocate with flexibility *for* their workers. With fewer and fewer labour protections, such irregularity and precariousness is increasingly the case. To offset the demands of their paid work, these women attempt to find care that will meet the flexible demands of their own employment which imposes instability for providers as well. Participants described less stress in workplaces more supportive of caregiving, whereas those working in environments hostile or inhospitable to caregiving needs were less satisfied, more stressed, and contemplated seeking paid work elsewhere. The more inflexible and less supportive the workplace, especially in the absence of strong networks of support, the greater the women's sense of dependency on their home-based caregivers for ongoing care, particularly in the case of child illness.

The assumption of HBCC is often that it is flexible in terms of accommodating early, 'after-hours' or weekend care. Of the several parents who both worked at least occasionally on weekends, only one had a HBCC provider on a weekend day, and one other for overnights. The rest relied on familial care to accommodate such time frames. I argue, therefore, that the greatest draw to home-based child care in terms of flexibility is less about the flexibility of the hours offered beyond the business-work week than about the *flexibility of terms of payment* for hours during the work week that are required with varying degrees of irregularity. For those who do require earlier or later drop-off or pick up times, the pool of home-based providers available to meet their needs shrinks dramatically. The benefit of flexibility became most apparent in its absence: that subsidized families were not permitted the flexibility to minimize their use of non-parental care as they would like lest they jeopardize their subsidy. By contrast, flexible HBCC allows parents to maximize their own caregiving time. The inflexibility of child care services –either HBCC or CBCC- therefore informs and shapes both women's paid work and parenting decisions.

As noted earlier, Statistics Canada (2002) describes informal childcare as costing less, being more flexible and as frequently being temporary. While unregulated home based childcare may *be* temporary, it is my contention that it may well not be because the parents' *intent* is for temporary arrangements, but rather that they are relied on on an interim basis while awaiting more permanent arrangements or that the care provision type is itself less stable and secure for those relying on it. The insecurity of home-based arrangements lends itself to greater instances of being suddenly

unavailable and higher turnover. For both parents and children, turnover for HBCC means not only a new caregiver, but also new environments, new schedules, new peers groups, and new routines. Feeding a vicious circle, for women in paid work and training, instability in child care creates instability in paid work, and vice versa. As the discussion of those whom provided care for pay reveals, for HBCC providers whom are also women in paid work, instability in *their* paid work creates instability for themselves and thus the paid care work they are willing and able to provide.

Almost all parents were partnered at the time of using HBCC. The one who was not partnered had extensive familial support to augment arrangements for care. Part of the decision to accept the lesser stability of HBCC may then be related to the availability of two parental presences in the household: it takes two (at least) to offset the insecurity of a less reliable arrangement. Further, as all of these household were made up of dual-earner couples, having two incomes increases the likelihood that, *combined*, they are bumped above the LICO into the middle income category, and are therefore less likely to qualify for the limited available subsidy, but not necessarily sufficiently moneyed to pay higher user fees that might ensure more stable arrangements.

HBCC also can be understood as contributing to and reflecting the invisibility of the work of social reproduction. While it may seem a statement of the obvious, women who provide child care for pay from their homes are also women in paid work. Yet the women of this study—however grateful for their services, often describe home-based child care providers in ways that reflect and contribute to the invisibility of carework. Home-based childcare providers were frequently described as ‘stay-at-home-moms’

which assumes linguistically a 'non worker' status (Touminin 2003; Garey 1999). As a prime example, Joanne's 'stay-at-home-mom' caregiver was described as a 'one income' household, where in fact it was two incomes- the caregiver's husband's, and the caregiver's whom Joanne paid \$600/month. Her remark demonstrates the invisibility of the carework provided that she herself had paid to secure. In another remark, when asked about her ideal arrangement for child care, Gabriella states "I never looked at it as a childcare arrangement." Because Gabriella assumes that 'child care' refers specifically to regulated care with inflexible hours and terms of provision *outside* of a home environment, she did not even recognize her 'baby sitter' in child care service terms.

As I have outlined here, payment for replacement care was viewed by women in terms of reduced net income of their wages, which served to drive down wages for providers. HBCC providers' own carework at times increased instability for those relying on them, but their willingness to take on additional care work, such as in the case of a child's illness, also added stability. While generally expressing satisfaction, quality issues were often trumped by other considerations. Flexibility of payment, while exploitative, kept child care affordable, whereas flexibility of time allowed for personal caregiving and at times improved the ability to meet employer demands. Instability was often high in HBCC arrangements, leaving those most reliant on them with a sense of precariousness and anxiety. Finally, the carework of HBCC provider's, despite being paid, was in many ways still invisible.



## Chapter 7: Conclusions

It is not my intention to disparage home-based child care providers or their work. There are HBCC providers who are professionals, who can and do provide quality early childhood education and care for children in their practice and who are a preferred and invaluable resource to parents. I do however problematize a system that leaves unchecked quality of care for children and weakens the autonomy and economic security of women, thereby contributing to social inequality of women on both ends of the child care arrangement. Not all HBCC providers are created equal. As the discussion of those who endeavoured providing HBCC services revealed, providers may undertake paid carework for reasons other than vocation. The invisibility of carework led some to underestimate the amount of skill needed to do the job well, or for that matter, at all.

In this thesis I have argued that women come to using unregulated HBCC largely for two reasons; economic feasibility and restricted availability. Under a market-based, private provider system, quality comes at a price. The reality is that unregulated HBCC is 'cheaper' than regulated options. Regulated care is both more costly and less available. Many had settled for HBCC when other preferred care arrangements, either center-based or familial, were simply not available or fiscally out of reach.

Faced with multiple barriers to access to reliable, quality care, these women often spent extensive time, energy and often considerable frustration seeking to secure and to maintain the best care arrangements they could manage within their families' needs and abilities. Home-base child care often did not meet with their ideals for care and required ongoing juggling, reassessment and rearrangement. When home-based

child care is chosen because of its greater affordability, this is not a 'choice' reflecting the optimal environment for the child nor is it one of the facilitation of the best option for smooth management of paid work and care- it is the option that is available that can be *afforded*. "Choosing" home-based child encourages exploitative practices that undervalue caregivers and obscures the class-based nature of accessible options. The federal Conservative's 'choice in child care' may have served to reduce and remove state obligation, but did not improve options for care or address such issues of social inequality.

Given the characteristics of the sample, on the surface, these contradictions may appear to be a white middle-class women's problem alone. Certainly this group appears to be most prevalent. However, the 2006-2007 interviews discussed here were drawn from a considerably more robust economic period. The current economic climate has likely seen changes for how households address competing needs. The widening gap between the wealthiest few and the growing poorer majority of Canadian families (Picot and Myles 2005) may see an increase in reliance on the less-expensive unpaid and/or unregulated care options, especially if current levels of subsidy are consequently further undermined. Those in the middle were often already struggling. In the face of the loss of \$63.5 million of federal funding, more families will be without subsidy<sup>58</sup> (Center for

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<sup>58</sup> According to the CSE (2010) report, the impact of lost funding would include the elimination of 7,605 daycare fee subsidies for low- to moderate-income households and 5,275 wage subsidies to child care workers. In their estimation this would also cost 3,480 parents their jobs by virtue of having no other child-care options available.

Spatial Economics 2010), thus increasing the likelihood that unregulated home-based child care will be turned to by more women in paid work and training.

### ***Current developments***

Although slowing in the creation of new childcare spaces in recent years (CRRU 2007; MCYS 2008), Ontario has a long and strong history of child care advocacy (Prentice 2001) and some recent developments demonstrate a positive trajectory for the province. In 2007, the MCYS created Canada's first regulatory College of Early Childhood Educators under the *Early Childhood Educators Act* and committed to invest in strengthening the quality of regulated care in 2008-09, "by providing grants to help child care professionals upgrade their qualifications and supporting early childhood educators with easily accessible training and education opportunities" (MCYS 2008: 17).

Of significant progress is the enactment of recommendations of government-appointed Early Learning Advisor Dr. Charles Pascal's (2009) report, entitled *With Our Best Future in Mind: Implementing Early Learning in Ontario*. The report recommends four key components:

1. Full-day learning for 4- and 5-year-olds: including extended day programs in schools on a nominal fee basis.
2. Before- and After-School and summer programs for school-age children
3. Quality programs for younger children (ie under age 4): including accessible user fees and improved access to subsidy

4. Enhanced parental leave by 2020: including expansion of leave benefits to 400 days with a paternity leave period, the inclusion of self-employed workers, elimination of penalties for those on leave engaging in work part-time, and job protected family leave of up to 10 days per year for parents of children up to age 12.

Based on exhaustive research on child development, Dr. Pascal reiterates the findings of many: that quality care educates and that quality education cares (2009: 16).

Recognizing inadequacies of the present patchwork system, the recommendations seek to bridge work of related ministries through new investment and coordinating existing resources, leaving behind the historic divide of systems of a rights-based entitlement to education and a residual needs-based welfare provision of care. The report's strategy includes care as an extension of education, expanding of the role of schools to that of community 'hubs' with the integration of the school system in terms of policy, program and administration with a range of social/community services for childhood initiatives and an active participatory role for families. This includes early learning and care for younger ages and full-day kindergarten for four and five year olds. To be implemented over a five year period, the initial role out of the expanded full-day kindergarten is set to begin in September, 2010. The report further recommends the revision of subsidy eligibility to eliminate work requirements and include accommodation for flexible enrolment (Pascal 2009). Removing the employment contingency would support the right of both the child and the parent to have access to early childhood education and care for the child's sake, rather than merely to make the parent available to paid work

for the market's sake. Flexible enrolment would also allow parents to both access services and spend time providing care for their children themselves without being torn between the two.

Even with full implementation, HBCC will continue, especially for atypical hours and likely for remote areas. To this agenda, then, I would offer two additional considerations specifically relating to HBCC:

- Learn from the example of the Québec child care model. Many participants in the *ESR* study of all care arrangement types and income groups reflected a desire to implement such a system across Canada. The Québec model includes regulated and publicly funded home-based child care. HBCC providers in Québec (pre-2005) were community-based, regulated, associated with non-profit centers at the local level governed by boards that included parent representation, had a role in decision making, and had access to the centers' educational resources (Adkin and Abu-Labin 2008; Jenson 2009). Under the proposed *Best Future* (2009) recommendations, the Best Start Child and Family Centers could serve such a function. To this I would add that HBCC providers under such a model meet the requirements of and be members in good standing of the College of Early Childhood Educators. This system provides a model that could include HBCC in a way that both values caregivers and supports quality care.
- Establish a backup system for home-based child care providers working in isolation. Ideally this would include licensed HBCC providers under the model described above. Regional MCYS offices or other appropriate body could compile

lists of HBCC providers in a given area that, in agreement under the Privacy of Information Act, could be shared with others in the area for urgent back up care purposes when the provider is not available and that could either be passed on to parents requiring back up services or contacted directly by the regular provider. This could also benefit individual HBCC providers by establishing contact with colleagues and cultivating a sense of professionalism and intentionality in their practice.

Much of the visions proposed in Dr. Pascal's report would make great strides towards equity for women, children and families in Ontario. Ontario, then, is presently at an exciting crossroads. However, given the current economic climate, with Ontario particularly hard hit by the economic downturn, further progress on this front that would involve increased public expenditure is a contestable terrain and may make future political will tenuous. With the potential to be excused by fiscal restraint of the post-October 2008 financial crisis, Pascal (2009) and advocates (AECEO/OCBCC 2010) caution against a piecemeal implementation absent a holistic vision that would simply overlay and perpetuate existing shortcomings.

Already economic rationality is looking to supplant vision. In response to operator concerns over higher staffing requirements for young children and the potential loss of subsidies with the move to full-day JK/SK, as of February 2010, the MCYS (2010) has proposed the following amendments to the DNA:

- Adjust age-based ratios of care-providers to children to facilitate the inclusion of 12-18 month olds in regulated care.

- Eliminate the deterrent to regulation by allowing HBCC providers under a licensed agency to exclude care for their own children in the ratio of children in their care.
- Introduce a pilot project allowing 2 care providers in regulated private home environments to care for up to 10 unrelated children.

The first proposed amendment -reducing age-based ratios- is being met with serious criticism. While the adjustment of age-based ratios would address the incongruity between care availability and maternity/parental leave, it would increase group size. The overall stated goal of the MCYS proposed amendments is to “enhance operator flexibility during the implementation of full-day early learning” (MCYS 2010: 4) rather than to improve quality and accessibility of care. Instead of requiring regulation of home-based child care through individual licensure, the MCYS also proposes removing one of the fiscal deterrents. Depending on the number of ‘related’ children, Ontario already allows nearly the highest number of children in unregulated (or for that matter regulated) home-based child care in the nation (Beach *et al* 2009). Removing the restrictions on the number of young related children in regulated home-based environments would increase the ratio of children to caregivers in regulated home-based environments as well, though this aspect has received little specific attention. The two-provider approach, by contrast, does hold out promise. Such a model exists in other jurisdictions and reportedly improves quality and accountability in home-based environments (MCYS 2010). Unfortunately, all of the proposed changes are two to three

years ahead of the recommended timeline put forth in the Pascal (2009) report that would allow considered policy action in response to incremental change.

***Directions for future research:***

Though current developments may resolve some of the conflicts experienced by women managing paid work and care, progress will not be immediate and may ultimately end up incomplete. Clearly the unregulated child care sector needs greater and closer examination. Questions of unlicensed providers' levels and types of training, quality of care and programming, reasons for engaging in home-based care provision, beliefs and attitudes towards caregiving, and internal and external pressures in providing care are but a few of the unanswered questions.

Home-based childcare providers are generally low-income and almost exclusively women and the vast majority are unlicensed (Cox 2005). Given that the majority of Canadian children in non-parental care outside Quebec are not in regulated environments, the implications of unregulated care are tremendous. Research of unregulated home-based childcare could then explore the characteristics of women providing this service and whether they are providing care by vocation or to manage their own childcare costs and requirements. Research could further examine what careers and skills they have left behind in doing so, identify their qualifications, and consider how public policy, parent's child care needs, and working conditions shape their practices.

If adopted, the proposed amendments to the DNA also present considerations for future research. Such considerations could include: whether or not the removal of



the fiscal deterrent will be effective in increasing the number of home-based providers offering regulated care and/or converting existing unlicensed home based providers and whether increased numbers of children in already regulated HBCC environments will impact quality of care.

### ***Where do we go from here?***

Managing the care of children involves the support of multiple actors and caregivers. As I have argued, 'choice' for the type of primary non-parental care women desire for their children is not an unendingly available spectrum of possibilities. Factors and considerations for women using unregulated home-based child care of analytical interest are negotiated cost savings, availability of a child care space for especially irregular and unusual times, and provider flexibility, including willingness to change schedules and care for children who are unwell. Quality frequently took a back seat to these considerations. Cost savings reduced pressure on household provisioning, but also supported the validation of women's incomes, especially when their incomes were lower and households highly gendered. Unregulated home-based child care arrangements were often unstable, increasing stress for women requiring care services and relying on networks of support to make up the difference.

The absence of available spaces and limited targeted public funding for child care leaves many struggling to find adequate, quality care for their children and strains both individuals' resources and networks to piece care together. A standpoint that is care-centered and supportive of social reproduction would move policies towards a model of universal caregiving that embraces social responsibility for care (Fraser 1997; Bakker

2007; Cameron 2006; Adkin *et al* 2008). Advocacy for early childhood education and care as 'social investment' in human capital does not go far enough in addressing inequalities of gender order or in recognizing intrinsic value of care to the fabric of society and social development (Folbre 2008). As much as public policy must support women's engagement in paid work, it must also support and elevate the status of the work of caregiving as well. To accomplish this goal would require policies such as paid family leave days, greater compensation for child leave periods (maternity/paternity leave), the removal of penalties subsidized families incur for days required for (and desired for) caregiving, and improved opportunities for job sharing and flexible work arrangements that meet the flexibility needs of workers for caregiving over flexibility for employers to unendingly reduce their labour costs.

As the contradictions of the present employability model demonstrate, it is not sufficient to merely mirror andocentric norms through women's participation in the labour market. Gender equity requires looking beyond 'balance' between paid and unpaid labour to greater pay and recognition for the care sector as a whole and a more equitable distribution of care responsibilities (Folbre 2008). Rather than seeking to make the demands of care work fit the imperatives of the market, the argument must be one of creating a social and policy environment that meets the imperatives of care over the life cycle from a starting point that is care-centered. Such a standpoint would lead to support for those engaged in the work of social reproduction, instead of to undermine them.

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## Round 2 Interview Likert form:

Please indicate how strongly you agree or disagree with the following statements.

There are so many things to do at home, I often run out of time before I get them all done.

Strongly agree 1      2      3      4      5 Strongly disagree

My life at home is rarely stressful.

Strongly agree 1      2      3      4      5 Strongly disagree

There are so many things to do at work, I often run out of time before I get them all done.

Strongly agree 1      2      3      4      5 Strongly disagree

My job is rarely stressful.

Strongly agree 1      2      3      4      5 Strongly disagree

**In the past three months it has happened that...**

I have come home from work too tired to do the chores that need to be done.

Strongly agree 1      2      3      4      5 Strongly disagree

It has been difficult for me to fulfill my family responsibilities because of the amount of time I spent on my job.

Strongly agree 1      2      3      4      5 Strongly disagree

I have arrived at work too tired to function well because of the household work I had done.

Strongly agree 1      2      3      4      5 Strongly disagree

I have found it difficult to concentrate at work because of my family responsibilities.

Strongly agree 1      2      3      4      5 Strongly disagree

## Flyer

1. **Are you or is someone you know:**
  - Ⓜ Pregnant or planning to adopt within the next 6 months?
  - Ⓜ Caring for an infant?
  - Ⓜ Caring for a child under the age of 5 years of age?
  - Ⓜ Caring for an elderly dependent adult?
2. **Are you or is this person:**
  - Ⓜ Employed
  - Ⓜ On leave from employment
3. **Have you or has this person:**
  - Ⓜ Been employed in the last 18 months?

If you answered yes to question 1 and either question 2 or 3, please consider being interviewed for a study on how you manage paid work and caregiving responsibilities.

The goal of the two year study is to examine how “family-friendly” or “work-life” policies actually affect the day-to-day lives of the people they are designed to help. We are conducting in-depth interviews with adults who have significant caregiving responsibilities and paid employment. We aim to uncover answers to questions such as:

- Ⓜ How do social policies and programs designed to help people manage the demands of paid employment and family and personal caregiving responsibilities play out in the lives of the women and men affected by them?
- Ⓜ How do such policies work in practice?
- Ⓜ Who takes advantage of them and with what consequences for the beneficiaries, their families and social networks?
- Ⓜ What hinders or discourages some people from taking advantage of available policies?

If you are interested in participating, please contact our research office at: Brock University 905.688.5550 extension 3767 or York University 416-736-2100 extension 33138 or email us at [esr@brocku.ca](mailto:esr@brocku.ca).

**Informed Consent Form**  
for participants in the  
**Ensuring Social Reproduction: A Longitudinal Study in Three Ontario Centres**

This study is conducted by Dr. Kate Bezanson of Brock University. The goal of the study is to examine how “family-friendly” or “work-life” policies actually affect the day-to-day lives of the people they are designed to help. How do social policies and programs designed to help people manage the demands of paid employment and family and personal caregiving responsibilities play out in the lives of the women and men affected by them? How do such policies work in practice? Who takes advantage of them and with what consequences for the beneficiaries, their families and social networks? What hinders or discourages some people from taking advantage of available policies?

The study is based on in-depth interviews with adults who have significant caregiving responsibilities and paid employment. Participants will be asked to grant two interviews, about 18 months apart. Each interview will take from 1 - 2 hours. Participants will be asked to talk about the challenges they face in trying to manage the demands of both paid employment and caregiving and to identify any policies (such as maternal or parental leave, child care or home care) that directly affect them. They will be asked to comment on how effective (or problematic) such policies are in helping them manage paid employment and caregiving.

Interview will be audio taped and transcribed. Once transcribed, the tapes will be erased. All identifying information will be removed from the transcripts. Transcribers are required to sign a confidentiality agreement.

I have read the description of the project (above). I understand that by signing this informed consent form, I am agreeing to participate in the study *Ensuring Social Reproduction: A Longitudinal Study in Three Ontario Centres*. I know that I can chose to not answer any questions at any time, that I can stop the interview and terminate my participation in this study at any time. I also understand that anything I say during the interview may be used as part of the study but that I will not be identified in any way. My responses will be confidential and I will remain anonymous.

I agree to participate in this study\_\_\_\_\_

Name:\_\_\_\_\_

Date:\_\_\_\_\_

For further information, please contact: Dr. Kate Bezanson, Department of Sociology, Brock University, St. Catharines, Ontario, L2S 3A1. Telephone: 905-688-5550 x 3457 or 3767

This study has been reviewed and received clearance from the Brock University REB (file #05-278). The Brock Research Ethics Officer (reb@brocku.ca) (905)688-5550, ext.3035) can provide additional answers to pertinent questions about the research participants' rights.

# Household structure, composition and childcare

Area	Name	Household type	Family unit (Adult/child)	Income (000's)	'06 LICO	Education	Occupation/ Employer	Employment type	Cultural ID <sup>1</sup>	Childcare
GTA	Debbie	married/ common-law	3 (2/1)	>100	High	PhD	Professor	FT	Eastern European, Jewish	R1: CBCC R2: CBCC, new location
GTA	Li Mei	married/ common-law	3 (2/1)	0-25	Below	Partial University	Teaching Assistant	PT*	Asian/Vietnamese	R1: subsidized CBCC R2: NA
GTA	Nicole	married/ common-law	3 (2/1)	>100	High	College	Employment counsellor	FT	English Canadian	R1: expecting- plans CBCC for RTW R2: on leave, partial RTW. Seeking ft CBCC. Some familial care until full RTW
GTA	Yolanda	married/ common-law R2 lone parent	4 (2/2), R2: 3 (1/2)	25-50	Mid	College	R1: studio chain photographer R2: travel agent	Other	Scottish/French/ Aboriginal	Prior: used and provided HBCC briefly. R1: Transitioning to RTW, paid familial care arranged. R2: fully subsidized CBCC
GTA	Bonita	multi- generational <sup>2</sup>	2 (1/1)	0-25	Below	Partial University	Teaching assistant, cashier	PT*	Croatian	R1: familial care R2: applying for Subsidy for center-based
GTA	Ingrid	married/ common-law	4 (2/2)	50-75	Mid	University	Retail Manager	FT	African, Zambian Canadian	R1: subsidized CBCC R2: Aft. sch care + CBCC@ school
GTA	Olivia	lone parent	2 (1/1)	0-25	Below	University	Research (medical environment)	Other* (Contract)	Hungarian Canadian	R1: subsidized CBCC weekdays, familial care on weekends R2: subsidized CBCC (dif location)
GTA	Angelina	married/ common-law	3 (2/1)	25-50	Mid	Partial college	Hospital clerical	PT*	Greek	R1: familial care R2: NA
GTA	Ava	multi- generational <sup>3</sup>	2 (1/1)	0-25	Below	Partial University	Pharmacy technician	PT*	Chinese/Cambodian	R1: familial care (within hhd) R2: NA

<sup>1</sup> As described by respondent

<sup>2</sup> Functions as a multigenerational household, but identifies as a lone parent (does not list others residing in the home as members of her household).

\*Paid employment and student (PT employment/FT student or FT student/PT employment)

CCBB: Center-based child care

HBCC: Home-based child care

R1, R2: Round 1 interview, Round 2 interview

RTW: Return to work

LICO: Low Income Cut-Off

Marg. Above: Marginally above Low Income Cut-Off (<\$5000 above)

# Household structure, composition and childcare

Area	Name	Household type	Family unit (Adult/child)	Income (000's)	'06 LICO	Education	Occupation/ Employer	Employment type	Cultural ID <sup>1</sup>	Childcare
GTA	Tanis	Lone parent <sup>4</sup>	2 (1/1)	25-50	Marg. above	High school	Bookkeeper/ waitress	Multi-job	Vietnamese	R1: familial care (out of hhd + shared custody) R2: NA
GTA	Samantha	Common-law <sup>5</sup> (<1yr)	3 (2/1)	50-75	Mid	College	Staffing consultant @ temp agency	FT	Native, Irish, Scottish	Prior: familial care R1: partial subsidized HBCC (based on prev yr income-about to lose subsidy) R2: NA
NIA	Jade	married/ common-law	5 (2/3)	50-75	Mid	College	Admin asst/ Telemarketing co.	R1: On leave from FT RTW in R2	Canadian	R1/R2: HBCC Jade provided HBCC in past.
NIA	Nishka	Other	5 (2/3)	50-75	Mid	Graduate studies	Community Officer/Non-profit	FT*	Scottish/Ojibwe	R1: familial care (maternal grandmother) R2: NA
NIA	Ester	married/ common-law	3 (2/1)	25-50	Marg. above	Partial University	Social Service Work	R1: On leave R2: PT*	(Not identified)	R1: on leave. R2: CBCC, subsidized full-day, full week. About to lose subsidy, contemplating HBCC- 'cheaper'
NIA	Madison	married/ common-law	2 (2/1)	75-100	Mid	University	Pharmaceutical rep	On leave from FT	Dutch Canadian	R1: on leave, anticipates at-home-fathering. R2: off-shifting, then pt private CBCC
NIA	Tanya	married/ common-law	7 (3/4)*1 child over 17	75-100	Mid	(not identified)	24-hour community service (Night shift)	FT	English/White	R1: HBCC/off shifting R2: NA

<sup>3</sup> Functions as a multigenerational household, but identifies as a lone parent (does not list others residing in the home as members of her household).

<sup>4</sup> Shares residence with boyfriend <1yr, but does not identify him as household member nor do they function economically as a household unit.

<sup>5</sup> Shares residence with boyfriend <1yr. Identifies him as household member, however they do not function economically as a household unit.

\*Paid employment and student (PT employment/FT student or FT student/PT employment)

CCBB: Center-based child care

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R1, R2: Round 1 interview, Round 2 interview

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# Household structure, composition and childcare

Area	Name	Household type	Family unit (Adult/child)	Income (000's)	'06 LICO	Education	Occupation/ Employer	Employment type	Cultural ID <sup>1</sup>	Childcare
NIA	Joanne	lone parent	2 (1/1), R2 3 (2/1)	25-50	Marg. above	College	Hairstylist/Studio-based, bartender	FT	Canadian (Jewish)	Prior: HBCC R1: familial/B&A/school-based childcare, fully subsidized. R2: continuation of subsidy in question
NIA	Gillian	married/ common-law	3 (2/1)	25-50	Marg. above	High School	Sales Associate	FT	Canadian	R1: on leave. Anticipates familial care R2: HBCC (M-F), familial (weekends)
NIA	Heidi	married/ common-law	4 (2/2)	50-75	Mid	Graduate studies	Teaching Assistant	PT*	Canadian	HBCC (familial relation but h-b provider) CBCC not accessible b/c of means testing rqmt- barriers
NIA	Hannah	married/ common-law	5 (2/3)	75-100	Mid	University	Social Work, Case Manager	FT	English/French	HBCC Summer: Older sibling care
NIA	Rebecca	married/ common-law	3 (2/1)	75-100	Mid	College	Therapist/ pharmaceutical company	FT	Anglican	R1: HBCC R2: out of area school with CBCC program
NIA	Fiona	married/ common-law	3 (2/1)	>100	High	College	Call center	FT	Italian/Canadian	R1: on leave R2: HBCC arranged (familial provider)
NIA	Natasha	married/ common-law	3 (2/1)	50-75	Mid	University	Retail management	FT	Swiss/German	R1 CBCC at worksite R2: B&A thru school/non-profit
CN	Natalia	married/ common-law	4 (2/2) R2: 5(2/3)	50-75	Mid	College	Health Educator (nurse)	FT	Canadian	HBCC (3)
CN	Gabriella	married/ common-law	4 (2/2)	>100	High	University	Sales Associate	FT	White English	HBCC Summer: Familial, daycamp
CN	Amy	married/ common-law	4 (2/2)	50-75	Mid	College	EMS	FT RTW-R2	(Not identified)	HBCC (3)

\*Paid employment and student (PT employment/FT student or FT student/PT employment)

CCBB: Center-based child care

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R1, R2: Round 1 interview, Round 2 interview

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# Household structure, composition and childcare

Area	Name	Household type	Family unit (Adult/child)	Income (000's)	'06 LICO	Education	Occupation/ Employer	Employment type	Cultural ID <sup>1</sup>	Childcare
CN	Oksana	married/ common-law	4 (2/2)	25-50	Marg. above	Partial College	Housekeeping- Hospitality industry	FT	(Not identified)	Subsidized HBCC (2)
CN	Cindy	married/ common-law	2 (2/3)	25-50	Below	College	Housekeeping- Private homes/ Part-time clerical	Self Employed	French Canadian	Prior: Cindy was HBCC provider. R1/R2: PT municipal CBCC (2- 3d/wk: subsidized- MD referral)

\*Paid employment and student (PT employment/FT student or FT student/PT employment)

CCBB: Center-based child care

HBCC: Home-based child care

R1, R2: Round 1 interview, Round 2 interview

RTW: Return to work

LICO: Low Income Cut-Off

Marg. Above: Marginally above Low Income Cut-Off (<\$5000 above)